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ORIGINAL COMMUNICATIONS.

ON THE THERAPEUTIC USE OF JABORANDI AND PILOCARPINE IN EYE-DISEASES.

BY M. LANDESBURG, M.D.

(Continued from page 348.)

B. MURIATE of pilocarpine in hypodermic injections was used in the following cases:

Case I.—Mrs. W., 60 years old, came under my treatment November 23, 1878, with the following condition:

Right Eye.—V. = $\frac{1}{18}$. With +10, Jaeg. 12.

Left Eye.—V. = $\frac{1}{18}$. With +10, Jaeg. 5.

Cornea and lens of normal transparency. Intraocular pressure normal. Pupils of normal reaction.

Choroiditis absoluta peripherica, with circumscribed choroideal atrophies and pigment-infiltrations into the retina of both eyes. Large floating opacities of the vitreous in the right eye, smaller ones in the left eye.

Patient, somewhat delicate but of healthy constitution, had never suffered from exhausting diseases (typhoid fever, etc.). No syphilitic history. Menstruation had stopped for about thirteen years. She is suffering with the right eye for eight months, with the left eye for some weeks. She has been treated with large doses of iodide of potassium.

I administered hypodermic injections of muriate of pilocarpine in doses of a quarter of a grain, at first every day, then every other day. Ptyalism set in after two minutes, profuse perspiration after three to five minutes, lasting for about an hour and a half. In the course of the injections the following after-symptoms were observed: asthma, four times; vomiting, five times; abdominal pain, once.

An eighteen days' treatment had the following result:

Right Eye.—Only very few and thin opacities of the vitreous remaining. V. = $\frac{1}{18}$. With +10, Jaeg. 3.

Left Eye.—Opacities entirely subsided. V. = $\frac{1}{18}$. With +10, Jaeg. 1. Fundus oculi unchanged.

Case II.—W. C., musician, 43 years old, applied to me November 25, 1878, with the following condition:

Glaucoma absolutum and amaurosis of both eyes. Intraocular pressure of the right eye = T. 3; of the left eye = T. 2.

Of the right eye excruciating pain, which prevents the patient from sleeping.

He asks relief of his condition, and is even willing to have enucleated his eye.

On the same day I made sclerotomy of both

eyes. Of the left eye the healing process was absolutely normal, without any reactive symptoms. The intraocular pressure became normal.

The operation on the right eye was followed by very severe symptoms of irritation, by considerable chemosis and ecchymosis of the conjunctiva of the eyeball and of the lids, by violent ciliary neuralgia, and by repeated hemorrhages in the anterior chamber and in the vitreous. Paracentesis corneae only aggravated the condition. In spite of application of eserine, of hypodermic injections of morphia, and the administration of hydrate of chloral, ciliary neuralgia progressed, intraocular pressure increased to that degree that the eye became as hard as a stone, and several infiltrations appeared on the cornea. On November 28 the lips of the wound were forced apart and prolapse of iris occurred.

I removed the prolapse of iris by drawing it somewhat outwards, and by these means succeeded in cutting off a large piece. The acme of the morbid process was broken. The inflammatory symptoms rapidly subsided, but the anterior chamber remained filled up with blood, without resorption taking place. In this condition I resorted to hypodermic injections of muriate of pilocarpine, in order to induce resorption.

On November 30 I made a subcutaneous injection of a quarter of a grain of pilocarpine, and repeated the dose after a quarter of an hour, the effect being only very slight. Perspiration, especially on the head, and ptyalism was very copious, lasting for about an hour and a quarter. With exception of slight rushing in the head and slight asthma, there were no unfavorable after-symptoms.

After five injections of half a grain of pilocarpine, the blood of the anterior chamber, chemosis of the conjunctiva of the eyeball and the lids were almost totally resorbed. A fine artificial pupil came into view, and the intraocular pressure was diminished.

In the course of the treatment vomiting occurred only once, partly through the fault of the patient, who had taken a copious meal an hour previous to the injection.

The further course of the morbid process was very favorable. On December 11 all symptoms of irritation had subsided. Anterior chamber was clear and deeper than formerly. Intraocular pressure only somewhat increased. No pain whatever. General condition good.

Case III.—S. T., baker, 36 years old, applied to me December 14, 1878.

Present State.—V. of the right eye = $\frac{1}{18}$. Jaeg. 8.

V. of the left eye = $\frac{1}{18}$. Jaeg. 13.

Irido-choroiditis with anterior synechiæ and opacities of the vitreous of both eyes.

A mercurial treatment and iridectomy of both eyes gave the following result:

V. R. = $\frac{1}{8}$. Jaeg. 2.

V. L. = $\frac{1}{8}$. Jaeg. 5.

Opacities in vitreous.

I resorted to subcutaneous injections of pilocarpine in doses of one-third of a grain. Two minutes after the injection, perspiration was very profuse and salivation exceedingly copious. Lachrymation was also very considerable. Patient suffered from asthma and pressure in epigastrium. Vomiting occurred twice. Perspiration continued for two hours, ptalism for two hours and a half. These unfavorable symptoms followed also the subsequent injections, for which I used only one-quarter of a grain of pilocarpine. Patient suffered also from slight gastric catarrh.

After eight injections the result was as follows:

V. R. = $\frac{1}{8}$. Jaeg. 1.

V. L. = $\frac{1}{8}$. Jaeg. 2.

Right vitreous perfectly clear; left vitreous shows still few very fine opacities.

Case IV.—L. A., carpenter's wife, 50 years old, applied to me, January 9, 1879.

The examination showed: Beginning cataract of both eyes. V. R. = $\frac{1}{8}$. V. L. = $\frac{1}{8}$. With +10, R. E., Jaeg. 5; L. E., Jaeg. 8. Choroiditis æquatorialis absoluta, with circumscribed choroïdal atrophies, pigment-macerations, and infiltration of pigment into the retina. Floating opacities in the vitreous.

In order to induce resorption of the opacities of the vitreous, and thus to gain better chances for a future operation of cataract, I proposed a treatment with pilocarpine, to which patient readily submitted.

The injection of one-quarter of a grain of pilocarpine was followed by repeated violent vomiting, asthma, pain in abdomen and genitals; ptalism was very strong, perspiration only slight.

General prostration and nausea kept on during the following twelve hours.

After a pause of three days I again tried an injection of one-sixth of a grain of pilocarpine. Two minutes afterwards the face became purple; there arose humming in the head and tinnitus in the ears, with violent asthma. These symptoms subsided as soon as ptalism and perspiration set in, which took place five minutes after the injection. But vomiting occurred several times, and nausea and general prostration were so great that I abstained from further trials.

Case V.—E. W., farmer, 25 years old, came under my treatment, June 19, 1878, with the following condition:

Left Eye.—Intense subconjunctival injection; membrana Descemetii densely dotted; humor aqueus very dim; pupil (in consequence of protracted use of atropia) medium dilated; tissue of iris infiltrated; opacities in the vitreous; background of the eye very indistinct; vessels veiled; tension normal; violent ciliary neuralgia; eyeball tender to the touch. V. = $\frac{1}{8}$. Jaeg. 18.

Right Eye.—V. = $\frac{1}{8}$. Jaeg. 2. Refracting media clear; intraocular pressure and reaction of pupil normal. In the background of the eye there are some peripheric choroïdal atrophies, and infiltration of pigment into the retina.

The left eye had been suffering for six weeks. The right eye never caused any trouble, and patient cannot tell if its sight has been impaired. He acknowledges to have contracted a chancre seven years ago, which got well under mercury. After this he had enjoyed perfect health.

Therapeutics.—Atropia, warm poultices. Heurteloups. Internally, syrupus Gibertii.

On June 21 the refracting media were so clear that a thorough ophthalmoscopic examination could be made. It showed serous choroïdeo-retinitis.

Improvement gradually progressed. There was:

On June 24, V. L. = $\frac{1}{8}$. With +10, Jaeg. 10.

On July 2, V. L. = $\frac{1}{8}$. With +10, Jaeg. 3.

In order to produce perspiration I put patient under the influence of decoctum Zittmanii.

A fortnight's use of this remedy brought vision to $\frac{1}{8}$. The inflammatory symptoms, the infiltration of the inner membranes, subsided entirely. There remained only few circumscribed atrophies and pigment conglomerations in the peripheric parts of the choroid, and some very thin opacities in the vitreous.

Vision of the right eye = $\frac{1}{8}$, Jaeg. 1. Background of the eye unchanged.

Patient was discharged August 3.

He applied to me again January 4, 1879.

Examination revealed condition of the right eye unchanged. Vision of the left eye = $\frac{1}{8}$, but only by uplifting the eye to the utmost; with central fixation vision only = $\frac{1}{8}$, and Jaeg. 19. Intense subconjunctival injection. Cornea of normal sensibility and curvature. Humor aqueus turbid. Iris hyperæmic, swollen. Posterior synechiæ. Tension normal. Field of vision concentrically contracted. Membranous opacities in vitreous. Æquatorial choroiditis. Venous hyperæmia and slight infiltration of the optic disk. Serous infiltration of retina. Arteries normal, veins hyperæmic and tortuous.

Patient stated that his left eye had been in good condition from the time of his discharge until January 1. After having spent the new year's eve in a debauch, he was awakened towards five o'clock in the morning by pain in the left eye. During the day vision became dim, glimmering and spectral appearances (shower of sparks) set in. These symptoms aggravated during the following two days.

Under very unfavorable prognosis I resorted to acute mercurialization, combined with Heurteloups, cathartics, and atropia.

January 10, the condition was as follows: Subconjunctival injection diminished. Pupil dilated. Posterior synechiæ torn. Membran-

ous opacities of vitreous somewhat increased. Background of the eye veiled. Downwards from the optic disk, at the distance of a papilla-diameter, there appears a small circumscribed globular elevation, over which the retina is tightly stretched. The retinal vessels take a steeply ascending course over this elevation. There is not the slightest fluctuation perceptible.

We have undoubtedly to deal here with a detachment of the choroid.

Eye-ball is somewhat soft. Patient counts fingers at 10'.

I put him under the influence of hypodermic injections of pilocarpine, in daily doses of one-half of a grain. The treatment was very well borne. Ptyalism followed immediately; perspiration in the course of five minutes, lasting one hour and a half. Slight nausea, and glimmering before the eyes, were the only after-symptoms.

After four injections patient counted fingers at 15'. Some words of Jaeg. 15 were read. Field of vision much enlarged. Tension improved. But membranous opacities and background of the eye unchanged.

On January 15 the morbid process grew worse. Pronounced phthisis of the eyeball. Vision sunken to counting fingers at 2'. Besides the membranous opacities there are large floating ones in the vitreous. Detachment of choroidea and retina (?) in the whole inferior half, extending like a sac into the vitreous.

Three further injections of pilocarpine having proved ineffective, further treatment was given up.

Case VI.—Mrs. B., 31 years old, descends from a family in which myopia is hereditary. She has always been near-sighted, and myopia rapidly increased in the last years, due to over-exertion of the eyes. In the winter of 1877-78, she first noticed the appearance of dark spots before the left eye, the sight of which often failed. It became veiled entirely by a dark cloud in April, 1878.

Different methods of treatment had proved ineffective to check the progress of the affection.

When patient first came under my notice, October 5, 1878, I made the following notes:

Right Eye.—M. $\frac{1}{2}$, myopic astigmatism $\frac{1}{4}$. H. M. V. = $\frac{1}{16}$, Jaeg. 1, from 3''-5''. Small sclerectasia posterior. Slight serous infiltration of the peripheric parts of the retina. Rarefaction of the epithelium of the choroid. Some small choroidear atrophies.

Left Eye.—Slight divergent strabism. V. = $\frac{1}{16}$ with +7, Jaeg. 18 with +5. Field of vision cannot be measured. Detachment of retina in its whole inferior half extending to the optic disk. Great torpor retinæ. Vitreous free. Intraocular pressure normal. Perception of color impaired. Ultramarine appears to be now green, now blue; violet, indigo-blue, and Prussian blue appear dark.

The treatment of the right eye brought

myopia to 16 $\frac{1}{2}$. Astigmatism disappeared. Vision rose to $\frac{1}{16}$. Jaeg. 1 was read from 3''-6 $\frac{1}{2}$ '. All morbid symptoms subsided entirely.

Induced by Fuchs's trial of pilocarpine in cases of detachment of retina, I proposed the same treatment to the patient, to which she readily consented.

November 11, the examination of the left eye showed: Artificial mydriasis. Jaeg. 18 with +5. Counts fingers at 8' with +10. Field of vision, perception of colors, and fundus oculi, as above described.

I began the treatment in the evening of November 11, 1878.

At first I made an injection of one-sixteenth of a grain of pilocarpine, which had not the slightest effect. When I had injected as much as one-half of a grain, ptyalism set in, but no trace of perspiration; the latter began very slightly, on three-quarters of a grain, to increase a little, when the dose had reached one grain. The face was cool and damp; the body hardly warm. Lachrymation was somewhat increased. Secretion of saliva copious. Patient suffered from nausea and pressure in the stomach.

The slight effect of pilocarpine, notwithstanding the injection of such a large dose, is to be regarded here as the consequence of the action of atropia, under the influence of which the right eye had been kept from October 5.

The antagonism between atropia and jaborandi resp. pilocarpine was known long ago. (See *Berliner Klin. Wochenschr.*, 1875, No. 18.) The action of the latter remedy on men and animals can be totally neutralized by subcutaneous injections of small doses of atropia (already 0.0005 on men). In persons on whom the action of jaborandi is very prompt and certain, secretion of saliva and perspiration fails if they are previously given atropia.

These observations are in full accord with the statements of Haidenheim, according to which atropia possesses the power to paralyze the chorda tympani nerve, which promotes secretion.

Also Schmidt-Rimpler observed that in some patients already a strong atropinization of the eyes has either retarded the effect of pilocarpine, or neutralized it totally. (See *Berliner Klin. Wochenschr.*, 1878, No. 24.)

The antagonism between pilocarpine and atropia in my case was broken for once and all by the large dose of pilocarpine. Notwithstanding patient continued the instillation of atropia, the effect of pilocarpine was very prompt from the third injection.

Not the slightest unfavorable symptoms followed the administration of the large dose of pilocarpine.

November 14, I made the second injection of one-half of a grain of pilocarpine, adding one-quarter of a grain forty minutes afterwards. Almost immediately after the first injection the face became highly flushed. In

the course of two minutes salivation set in, to be followed by perspiration five minutes afterwards. Duration of perspiration one hour and three-quarters, of ptialism two hours, lachrymation only slight. Nausea very little.

The third injection of one-half of a grain of pilocarpine had a very strong effect. Very profuse ptialism for two hours, and very considerable perspiration for one hour and a half. Nausea very considerable. Pain in abdomen, and vomiting. Great rushing in the head. Pulse in the acme 85; action of the heart increased. Sounds of the heart more intense.

The fourth injection of one-half of a grain resulted in profuse secretion of saliva and perspiration, with the after-symptoms of profuse lachrymation, slight nausea, and headache.

After four injections the examination of the left eye, made November 18, showed the following condition:

V. = $\frac{1}{8}$ with +12. With +5 some words of Jaeg. 12. Retina reattached in all parts, with the exception of the inferior inner quadrant. Field of vision much enlarged. Central fixation restored.

After the eighth injection there was:

V. = $\frac{1}{8}$, resp. $\frac{1}{10}$ with +14. With +5 Jaeg. 6. Detachment of retina only in the inferior inner quadrant, and much smaller than during the last examination.

After the twelfth injection there was:

V. = $\frac{1}{8}$ with +12. With +5 Jaeg. 11. Background of the eye unchanged.

This impairment of vision coincided with the appearance of the menstrual function.

At the end of the treatment, December 14, after the seventeenth injection, there was:

V. = $\frac{1}{8}$ with +18; without glasses V. = $\frac{1}{10}$. With +10 some words of Jaeg. 6 and 5. There is only a small, flat detachment in the inferior inner quadrant of the retina; all other parts are perfectly normal. Field of vision limited only upwards-inwards. Slight degree of torpor retinae. Perception of colors: yellow appears white; light blue, Prussian blue, appear green; ultramarine and indigo-blue appear dark blue.

January 13, 1879, there was: V. = $\frac{1}{8}$ with +18. With +10 some words of Jaeg. 5. No change in the condition of the retina.

In the course of the administration of pilocarpine vomiting occurred three times. A slight degree of nausea took place after each injection. After the eighth injection a slight gastric catarrh set in, which kept on during all the time of the treatment.

Case VII.—G. T., liquor-dealer, 57 years old, observed for five months a diminution of vision, which until then had always been perfect. The sight rapidly decreased during the last month. Until two years ago patient had always been healthy and strong. His muscular power and appetite gradually declined. General fatigue set in, and in the

last year his legs became swollen. For a short time he had been under homœopathic treatment, which failed to give any relief. Patient acknowledges to have always been a hard drinker, and that he is now covering the loss of appetite by ingestion of large quantities of different kinds of liquor.

The examination made February 5, 1879, gave the following result:

Right Eye.—Hardly quantitative perception of light. Pupil medium dilated, hardly movable on reflex action. Intraocular pressure normal.

Left Eye.—V. = $\frac{1}{8}$. With +10, Jaeg. 8. Pupil somewhat dilated, of slow reaction on light. Field of vision and intraocular pressure normal.

The background of both eyes shows the typical picture of retinitis as observed in Bright's renal disease. The only difference in the evidence of the eyes is that the apoplexies of the right eye, large and considerable, are scattered over the optic disk and the surface of the retina, while those of the left eye, of striated form, mostly occupy the papillary region, and that there are only some small hemorrhagic patches along the vessels.

Patient is a large, powerfully-built man. Face and mucous membranes are pale. The former and the lids are somewhat puffy and swollen. Muscles are flabby. There is slight ascites and swelling of the legs, especially on the ankles. The renal region is tender on pressure. On questioning patient, he tells us that he is obliged to urinate oftener than formerly, and that the daily quantity is much larger. The urine is pale,—pale yellow,—containing a large amount of albumen. The impulse of the heart is stronger and more extended. Sounds of the heart are very loud.

Patient had never suffered from uræmic attack, and had never been subject to headaches, convulsions, and spasms.

His mental capacities are unimpaired; hearing is unaffected. There is no history of syphilis.

Under very unfavorable prognosis, and with the strictest injunction to sobriety, to which he earnestly pledged himself, I took patient under my treatment. It consisted in daily hypodermic injections of one-third of a grain of pilocarpine, which produced profuse salivation and perspiration. The treatment was very well borne. Nausea only inconsiderable, and not the slightest unfavorable effect on the action of the heart.

After six injections, vision of the left eye was $\frac{1}{8}$. With +10, Jaeg. 6. Background of the eye unchanged. No improvement whatever of the right eye.

General condition and appetite decidedly better. Hydrops of the legs, ascites, and amount of albumen in the urinary secretion diminished.

Four further subcutaneous injections

brought vision to $\frac{1}{18}$. With $+\frac{1}{10}$, Jaeg. 4. Pupil of normal dilatation and reaction. In the background of the eye the resorption of some hemorrhagic spots could be ascertained; optic disk seemed to be less choked.

When I visited patient the next evening, in order to make a further injection, I found him beastly intoxicated, thus celebrating the improvement of his condition and his speedy recovery.

I refrained from further treatment.

Case VIII.—Mrs. B., 66 years old, had always enjoyed good vision until eight weeks ago, when, consequent upon a violent fit of coughing, a dark cloud appeared before her right eye, the sight of which gradually diminished, in spite of the treatment to which she had submitted.

When patient came under my notice, March 21, I found the following condition:

Right Eye.—Sees the upper half of my fingers close by and peripherally outwards. Pupil somewhat dilated. Tension somewhat decreased.

Left Eye.—Cataracta incipiens. V. = $\frac{1}{100}$. With $+\frac{1}{5}$, Jaeg. 4. Pupil contracted. Eyeball of normal condition.

The ophthalmoscopic examination of the left eye revealed total detachment of retina in its inferior half, and large floating opacities of vitreous.

Patient readily accepted my proposition to try the effect of subcutaneous injections of pilocarpine.

One-third of a grain was sufficient to produce profuse perspiration and ptialism, setting in almost during the act of the injection, and lasting for two hours.

The first administration of pilocarpine caused pain in the epigastrium, vomiting, headache, and giddiness. The subsequent ones were better borne, the symptoms of nausea and uneasiness being very slight.

After six injections, vitreous proved to be somewhat clearer, but there was no change whatever in the condition of the detached retina. I refrained from further trials.

Remarks.—Jaborandi and pilocarpine favor and influence the resorption of intraocular hemorrhages, opacities of vitreous, and serous effusions in a more reliable and more effective manner than any other resorbent remedy known up to the present time. Their effects rather increase than decrease during the period of administration, and thus we are enabled to keep to the same dose without increase. The subcutaneous administration of pilocarpine is simple, and is not followed by any irritation or abscess at the point of injection. The unpleasant symptoms which occasionally follow both the use of jaborandi and pilocarpine are only temporary, even in those cases in which the com-

plications forbid further continuance of the remedy. Patients recover very soon. Any unfavorable action on the heart, the lungs, the nerves, and the general circulation has not been observed.

The unpleasant symptoms which accompany the administration of jaborandi and pilocarpine being in some cases so very violent, the rule must be observed to begin at first with the smallest dose, and to act afterwards according to individual indications. Of course there are patients who seem to have a positive idiosyncrasy towards this remedy, whom the smallest dose prostrates so completely that further administration is forbidden. In general, hypodermic injections of pilocarpine have been better borne than internal ingestion of jaborandi.

Slight gastric catarrh was more or less common to all patients, and all, without exception, suffered, during the whole course of the treatment, from great thirst and dryness of the throat.

The subcutaneous injections of pilocarpine having been used in recent times with great success for the induction of premature labor, and in cases of ataxy of the uterus, in order to raise its energy (see *Archives for Gynecology*, xiii. 2, and *Wiener Med. Wochenschrift*, Nos. 47, 48, 49, 50), the greatest precaution is required if the physician should be called upon to use this agent for other purposes in pregnant women.

How differently jaborandi and pilocarpine act on different persons we have been already taught by the cases cited above. The interesting experience made in my own person I will here briefly relate.

In order to know, by my own experience, the taste of jaborandi, I took about five drops of the fluid extract. After five minutes secretion of saliva became more copious, and within fifteen minutes genuine ptialism set in, lasting three hours and a half. During this time slight perspiration of the whole body took place, with slight uneasiness and dizziness.

In regard to the use of pilocarpine as a myotic in eye-diseases, I must vindicate the great advantage of eserine over this drug. The qualities of eserine are more powerful and more efficient. Besides, pilocarpine possesses the very disagreeable features of increasing the action of the lachrymal gland, and, if absorbed by the blood, either through the mucous membranes of

the eyeball or the lachrymal duct, of producing ptialism, as I had opportunity to observe in two cases.

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PROPYLAMINE IN ACUTE ARTICULAR RHEUMATISM.

BY JAMES L. TYSON, M.D.

THIS alkaloid (trimethylamine C_3H_9N) has long been employed in Continental Europe, and enjoyed a high reputation for every form of rheumatism, but I am not aware of its very extended use in this country. Professor Bartholow speaks of it, in his *Materia Medica and Therapeutics*, as moderating the fever and joint-pain, and "very decidedly shortening the duration of the disease;" and Dr. Gaston, in the *Indiana Journal of Medicine*, extols it as a prompt and efficient remedy in all uncomplicated cases, "subduing pain and soreness in from twenty-four to forty-eight hours." That its efficiency in the treatment of acute articular rheumatism has not been overestimated will scarcely admit of a doubt, in view of results where I have recently employed it. More extended observation and repeated trial, I am inclined to believe, will fully justify the merits ascribed to and the encomiums awarded it in this complaint, and would commend it to the earnest consideration of those whose prejudices exclude salicin and its compounds from their materia armamentaria. An important prerequisite is, that the alkaloid and its chloride be *pure*, which is not always the case. The best which I have seen were from the laboratory of the Messrs. Nichols & Co., of Boston, and that of the Messrs. Rosengarten, of Philadelphia, both being perfectly reliable preparations.

It would appear to be a settled conviction in the minds of some medical authors, for the past thirty years, and even of the present day,—men whose authority on many medical topics is unquestioned and unquestionable,—and enunciated as an aphorism with singular unanimity from which there was no appeal, that this distressing and painful affection *must run its course*, will *yield to no treatment but palliative*, and cannot be "stopped." If one cultivates the impression that this malady is beyond his control, that its arrest is impossible, would it not be well to cease his visits to a patient laboring under it, for the latter's

benefit? Facts may resolve and dispel this enigmatical fatuity. I would record my unqualified dissent from such oracular teaching, with the explicit declaration that it can be and has been "cut short" time and again, both in hospital and private practice, if we may credit the numerous reports of medical gentlemen whose names and characters attest their truth and integrity. It has occurred to myself, over and over again, to "break up" an acute attack of articular rheumatism, in periods varying from five to ten days, occasionally a little longer, without a vestige of pain or swelling being left, and not a trace of heart complication, by the employment of salicylate of sodium or vinous tincture of colchicum, separately or in combination. Under this treatment, patients require to be frequently seen, and their conditions and variations accurately noted. Cases are now and then met with where these agents cannot be used, either from idiosyncrasy or some latent cause, grave depression, hyperasthenia, and nausea being so persistent as to forbid their further trial, and a resort to diffusible stimulants and tonics is imperatively demanded. Such instances have happened in my own practice, two of which I refer to more particularly as exemplifying the advantages we possess in propylamine. The patients were females, between 20 and 30 years of age, and each was attacked, at different periods of time, with pain and swelling of the wrists, and in one the phalangeal and metacarpal articulations were swollen and sensitive. From thence the pain radiated to the elbows, the shoulders, the sterno-clavicular articulations, the chest walls, involving the intercostals (pleurodynia), causing considerable dyspnoea, wandering to the hips, sacrum, femoral fasciæ, knees, ankles, and feet, including the aponeurotic expansion on the sole and dorsum of each foot. The fever was intense, the pulse ranging from eighty-five to ninety, accompanied by redness and swelling in all the parts implicated, with a hot, moist, perspirable skin. This was very nearly the condition of each. Finding that neither could tolerate any preparation of salicin or of colchicum, I resorted to propylamine, using the chloride, the rather disagreeable taste of the alkaloid rendering it objectionable to some; the latter being equally potential in this complaint, its slightly saline character leaving

a not unpleasant impression on the mouth. It was combined as follows:

R Propylaminæ chloridi, gr. xxiv ;
Aq. menthæ piperitæ,
Aquæ, aa fʒiij.

M. Sig.—A tablespoonful every two or three hours.

The dose of propylamine is six drops, similarly prepared and administered. Giving the chloride as above, two grains every two hours, and swathing all the joints in cotton batting, benefit was apparent in the first twenty-four hours. For the pleurodynia a weak sinapism was applied to the chest for fifteen or twenty minutes, followed by a warm mush cataplasm. These were alternated occasionally through the day. In the one case ten days elapsed, when I could pronounce my patient well; in the other, five days passed, when she was entirely convalescent. A tonic of quinia is advisable when rheumatic symptoms have subsided. No disturbance or appreciable influence was manifested in the therapeutic action of the propylamine, other than a gradual abatement of fever, pain, swelling, and all the distressing nervous concomitants of acute articular rheumatism.

Would it have been a wise practice to abandon such cases to *palliatives and nature*, and allow them to run on indefinitely for weeks or months, terminating, in all probability, after a uselessly protracted suffering, by leaving the system more liable to renewed attacks, and the wretched accompaniment or prospective of valvular lesion of the heart, involving hypertrophy of that organ, with its fleshy columns and tendinous cords, and possible dilatation, often vaguely recognized, but not inaccurately designated, a rheumatic heart?

The good old Spanish maxim may convey a hint for some therapists to ponder: *Ciencia es locura si buen senso no la cura.*

SHADYSIDE (PENNSYLVANIA), MONTGOMERY CO., PA.

REPORT OF THE RESUSCITATION OF A YOUNG GIRL APPARENTLY DEAD FROM DROWNING.

BY E. L. B. GODFREY, M.D.,

Camden, N. J.

THE patient was a young girl, 12 years of age, of vigorous constitution, just rescued, in an insensible condition, from the

water. The exact time in which she was in the water could not be accurately ascertained, but when rescued she was cold, pale, pulseless, with muscular system completely relaxed, with no signs of breathing, animation to all appearances being completely suspended.

After placing the patient upon her back, clearing the mouth and throat of frothy mucus, drawing forward the tongue, and loosening everything about the neck, both arms were raised as far as possible above the head and quickly brought down to the sides, while the chest was forcibly compressed and the patient turned quickly over, face downwards, so as to admit of the escape of fluid. These manipulations were twice quickly done, and had the desired effect of forcing considerable water and mucous froth from the air-passages. After the escape of the water, the patient was placed upon her back, the tongue again drawn forward, and the movement of the arms, according to the method of Dr. Sylvester, with manual compression of the chest, was repeated, first slowly, then gradually increased to about twenty times per minute, with all possible regularity and gentleness. Efforts to promote warmth of body and activity of circulation were not unduly made until signs of returning animation were observed, which were gasping, convulsive tremors of the muscles of the face, and vomiting. After these, the limbs were vigorously rubbed, chiefly towards the heart; dry warmth applied to the groins and axillæ; sinapisms to the extremities, along the spine, and over the precordial region; ammonia passed under the nostrils, and flagellation, so highly and justly extolled by Professor Gross, vigorously applied by my assistants. Artificial respiration was continued all this time. After vomiting occurred, efforts at breathing became more marked, from greater play allowed the diaphragm. Then, after two hours of hard work, I was rewarded by the appearance of the unmistakable signs of returning animation. Stimulants were administered, *pro re nata*, as soon as patient could swallow, and when breathing and consciousness became well restored, patient was placed in a warm bed. Every indication to over-action was promptly met by the usual remedies, and the next morning the patient was convalescent.

Remarks.—In this case I believe manual compression of the chest, which forced the carbonic acid from the lungs and mucous froth and water from the air-passages, and thus allowed the free ingress of air, contributed very materially towards the establishment of respiration.

The manipulation of the chest was easy of execution, owing to its size. Manual compression of the chest was more particularly brought to the notice of the profession by Dr. Benjamin Howard, of New

York, in an article read before the American Medical Association in 1871, and is certainly a very material modification of the method of Dr. Sylvester, of London. The extensive inquiries instituted by the Royal National Life-Boat Institution of England among medical men and medical bodies have been the means of establishing a number of principles and directions to be carried out in effecting the restoration of the apparently dead from drowning. These principles are more especially founded (since the abandonment of Marshall Hall's) on those devised by Dr. Sylvester. Sylvester's method is too well known to need mention, but its active employment, if persistently followed, will often give the most flattering results, as is shown in the case reported, and also in a case reported by Mr. Douglas, in which no evidence of respiration was perceived until after the manipulations had been uninterruptedly performed for eight and a half hours. The period at which people die during submersion varies, of course, but recovery is said to be doubtful after a submersion of two minutes. Animation, however, is not completely suspended at once, unless the person is overcome by fright, injury, or coldness of the air and water. Even the Navarino sponge-divers are said not to be able to sustain submersion longer than twenty-six seconds, while the pearl-divers of Ceylon, according to Mr. Marshall, can seldom remain under water longer than two-thirds of that time. Syncope during submersion is favorable to recovery, as the system in that state is not in as urgent need of oxygen as in its active state. This is well shown in the case reported by Dr. Wooley, in which a girl, while in a state of syncope, fell into the water, and was restored to life after having been submerged six minutes.

Experimentation has shown that drowning is more speedily fatal to life than ordinary suffocation; that the chances of recovery are lessened from the effects produced on the lungs by water; that the lungs become passively congested; that as unconsciousness approaches, during submersion, water enters the air-passages and air-cells of the lungs, and that, from the congestion of the lungs and the water in the air-cells, there results a bloody, frothy mucus, which not only fills up the air-cells and blocks up the smaller bronchial tubes, but penetrates the intimate

structure of the lungs, rendering them oedematous, and thus physically unfit to receive or expel air by respiration. Thus, in cases of apparent death from drowning, the chances of recovery depend less upon the action of the heart than upon the quantity of frothy mucus present in the air-passages and its penetration into the intimate structure of the lungs.

A CASE OF VILLOUS GROWTH OF THE BLADDER TREATED WITH QUINIA.

BY THOMAS H. STREETS, M.D., U.S.N.,
Yokohama, Japan.

IN the number of the *American Journal of the Medical Sciences* for January, 1879, p. 107, is an article by Dr. D. B. Simmons, on the sedative action of quinia on the neck of the bladder when administered internally. I desire to present some further testimony in corroboration of this action of the drug. The following case, from the same locality, was of a similar nature to the one presented by Dr. Simmons, and it possesses the advantage of having a more clearly established diagnosis:

J. R., æt. 29, was admitted into the U.S. Naval Hospital at Yokohama, Japan, February 12, 1879, with hæmaturia and great irritability of the bladder. The disease had existed twelve days previous to his admission. The patient had hypospadias, which he said was congenital. The orifice of the urethra was contracted, and was situated on the under surface of the glans, near its base. There was slight tenderness when strong pressure was made over the pubes; no pain in the perineal region. Patient voided his urine about every fifteen minutes, in small quantities, and the act was accompanied and followed by great vesical tenesmus and some pain, which was referred to the head of the penis. The urine was very bloody, the blood being intimately mixed with the urine, which was the color of claret-and-water. There likewise came away from the bladder, with every passage of the urine, a number of solid masses, which preserved their structure when washed in water, and under the microscope presented a branching, villous-like appearance. The patient gave a history of gonorrhœa nine years before, and an attack of hemorrhage from the bladder six years previous. The latter, he stated, the doctor told him was probably caused by a heavy strain in lifting.

The patient was put to bed, warm fomenta-

tions applied over the bladder, and quinia given internally, in five-grain doses, three times daily. This treatment was continued for two days without appreciable benefit. The dose of quinia was then increased to x grs. three times daily, and continued for two days with like results. During these four days he continued to suffer great pain whenever he attempted to pass his urine, and the attempt was made every fifteen minutes or half-hour during the day and night. The urine remained as bloody as in the beginning, and he continued to discharge fragments of the villous growth. On the 16th, quinia was increased to xv grs. three times daily, and this was followed by almost immediate amelioration of all the symptoms. Improvement was first noticed on the afternoon of that day. On the 18th there was scarcely any pain and very little blood, but he continued to pass urine almost as frequently as before, and to discharge fragments of the growth. The urine had now lost its bright-red color, and was smoky. On the 19th there was no evidence of blood in the urine, but its place was taken by pus, of which there was about half an inch in the bottom of a pint bottle which had been used to collect the discharge during the night. The patient was so much cinchonized that it was deemed advisable to discontinue the use of quinia on the 20th.

There was now no pain, but micturition was frequent. At the same time that the quinia was discontinued, gallic acid in two-grain doses, three times daily, was commenced. There was no return of blood or tenesmus, and he ceased to pass fragments of the growth on the 21st. The quantity of pus gradually decreased until the urine became perfectly clear, of a light-straw color, reaction alkaline. The only symptom of the disease now remaining was an increased frequency in passing urine, —eight or ten times in the twenty-four hours.

The man deserted from the hospital on the 27th, at which time all the functions of his bladder were normal. The quinia was given in solution, and it probably continued to be excreted by the kidneys in sufficiently large quantities to affect the bladder for forty-eight hours after its use was discontinued, for about that time the symptoms of cinchona disappeared.

NOTES OF HOSPITAL PRACTICE.

BELLEVUE HOSPITAL, NEW YORK.

CLINIC OF DR. EDWARD G. JANEWAY,

Professor of Pathological Anatomy and Histology, Diseases of the Nervous System, and Clinical Medicine in the Bellevue Hospital Medical College.

(Reported for the *Philadelphia Medical Times*.)

PARALYTIC CHOREA.

GENTLEMEN,—Our first patient to-day is a little girl, 9 years old, whose family history, I learn, is good.

Three years ago she had an attack of convulsions, which does not seem to have been followed by any exanthematous disease, such as scarlatina or measles. It is important that we should get at the cause of these convulsions, if possible; and on making some further inquiries I find that they are probably to be attributed to one of two things: the irritation of undigested food in the alimentary tract, or to fright. The mother informs me that, previous to the attack, she had eaten a pretty large quantity of green peas, and also that, about an hour before the occurrence of the convulsions, her teacher whipped her at school. Perhaps both of these causes may have had something to do with the development of the convulsions. When we come to pursue our investigations further and ask if there was any result following the seizure, it is stated that the whole right side of the child became paralyzed, although the face does not seem to have been involved in the paralysis. Presently an improvement in the condition of the limbs was noticed, but it was nearly two months before there was a complete recovery of power in them.

At present, as you perceive, the child looks well nourished and as though she enjoyed good general health; but when I ask her to reach out her right hand to take any object, you at once notice the peculiar movements so characteristic of chorea. This, then, is to be set down as a case of paralytic chorea. Here there is no rigidity whatever, although this is frequently the case. It was present in a marked degree, as some of you will perhaps remember, in the young man whom I brought before you last winter. The chorea in the present instance is undoubtedly due to some lesion left over from the attack of convulsions previously spoken of, and I think this girl is, on the whole, to be regarded as fortunate because there has not been a more serious result. In some cases patients are left speechless, and in some, idiotic.

Next comes the question, What can we do for her? [Not infrequently paralytic chorea is hopeless, on account of the long time that has elapsed since the original trouble occurred, as in the case of the young man before mentioned, but here, it is certainly worth while to make an attempt to accomplish something in the way of treatment. I should therefore recommend a systematic course of training for the

muscles, the constant encouragement on the part of her mother to the use of the affected limb, frictions of the muscles, and the application of electricity, together with the internal administration of strychnia. In addition, great care should be taken in the general training and education of the child, and, while sufficient firmness should be employed to secure obedience, she should be treated with uniform kindness, and above all things her parents and teachers should be on their guard against causing her any fright.

WAXY DEGENERATION OF THE LIVER AND SPLEEN, DUE TO PROBABLE INHERITED SYPHILIS.

The next case is that of a boy of 16, who says that about ten months ago he fell out of a window and hurt his leg, which has been sore ever since. On making an examination of the left leg, accordingly, we find extensive lesions. It looks as if there was necrosis of the tibia; and there is, at all events, well-marked ulceration, reaching down to the bone. You will furthermore notice that the whole appearance of the lad indicates a greatly depreciated condition of health, and that upon his forehead, face, and both the upper and lower extremities there is a more or less distinct eruption, which is, to some extent at least, of the nature of purpura.

When we make an inspection of the trunk we find that there seems to be a slight fullness upon the right side of the abdomen, in the hypochondriac region, and palpation reveals the existence of a smooth and rather firm enlargement, which extends across the abdomen to the left side, where there is another similar but smaller enlargement, just below the level of the last rib. As a distinct notch can be felt between the two, it is evident that there is not simply one mass reaching from one side to the other. From their position, and other circumstances, it is not difficult to decide that we have here to deal with an enlarged liver and an enlarged spleen.

It is important, therefore, to find out, if we can, the origin of these enlargements, and what causes the general cachectic appearance of the patient. As to the eruption here present and the ulcerations upon the leg, if they were to be met with on the person of an adult we should be likely to refer them to only one thing,—syphilis; and even in this boy it seems the most probable explanation of the phenomena

noticed. It is quite possible that here the disease may have been either acquired or inherited. According to his own confession, the lad has been somewhat wild, and was sent to a reformatory institution for confirmed truancy from school; and I have known an undoubted case of acquired syphilis at the very early age of thirteen years. Still, it is more probable that the disease has been inherited, and, in partial confirmation of this, the patient informs me that his father also suffered from a sore leg. As to the condition of the liver that is present here, there is a smooth, general enlargement of the organ, which may be due either to interstitial hepatitis—characterized by the occurrence of minute miliary, gummy growths, the result of syphilis—or else to waxy degeneration. The hypertrophied spleen found here would correspond to either condition; although in waxy degeneration the organ is rarely much enlarged. In the books, enlargement is generally put down as a diagnostic point in making out waxy degeneration of the spleen; but this is so frequently very slight that it cannot be relied upon, and is therefore very apt to mislead. In a patient of this age, however, I should expect to find a greater proportional degree of enlargement in this condition than in an adult.

On account of the enlargement of the spleen that is found here, we have, perhaps, some reason to suspect the presence of leukaemia; but when I now make a microscopical examination of a drop of the patient's blood, I find that there is no increase whatever of the white globules, and we can therefore exclude this condition with positiveness.

If this liver felt somewhat granulated or nodular to the touch (instead of perfectly smooth, as it does), it would point strongly to cirrhosis. Of course this condition is rare in such youthful patients, but only to-day I made a post-mortem examination in the case of a girl thirteen years of age, where we found a cirrhotic liver (whose surface was, however, quite smooth) which weighed no less than seven pounds. But in that case there was a certain amount of jaundice during life, while here there has been neither any jaundice nor ascites. Ascites, I may remark, is very rare in connection with waxy degeneration of the liver. Here the urine is pretty large in quantity (forty ounces in the twenty-four hours), but its specific gravity is normal,

and only on one occasion has it been found to contain albumen, although repeatedly examined. Albuminuria is not usually found resulting from waxy kidney, unless there is parenchymatous nephritis present also, constituting what is known as the large white kidney.

I feel inclined from these considerations, therefore, to regard the condition here present as due to waxy degeneration resulting from secondary syphilis, rather than to cirrhosis. We cannot be too cautious in expressing an opinion, however, in such a case as this. The boy claims that he has never been a hard drinker; but Niemeyer relates the cases of two girls, aged respectively thirteen and fourteen years, where in each instance well-marked cirrhosis of the liver was found after death. There had been no reason to suspect that they had been at all intemperate, but it was afterwards ascertained that both of them had for some time been addicted to the habitual use of schnapps.

In the treatment here I shall recommend anti-syphilitic remedies; but it would be a great mistake to treat the case, in the present condition of the boy, for syphilis alone. If we did not take into consideration the cachexia here present, we might indeed cure the syphilis, but we should be very likely to kill the patient in doing it. Whatever else is given, cod-liver oil and iron are imperatively demanded in the case, and the greatest care should be taken to build up the general health in every possible way.

LATENT PNEUMONIA—PROGRESSIVE MUSCULAR ATROPHY.

This young woman of 23 came into the wards some little time ago extremely emaciated and anæmic, and giving us every reason to fear that she was the subject of phthisis. There were crepitant râles over the region of the right scapula, and some slight signs of trouble at the apex; and she said she had had a cough for a year. To my surprise, when I saw her again a few days ago, I found that she had improved wonderfully in appearance, and that the pulmonary signs and symptoms had almost entirely disappeared. This I believe now to have been a case of that form of pneumonia which is known as latent pneumonia, and which is more common in children than in adults. In this the inflammatory consolidation remains for a long time unresolved, but at last under-

goes complete absorption. In one case of double pneumonia, which was under my care some time ago at Charity Hospital, resolution did not take place for two and a half months, and the process was not completed until more than three months had elapsed. The patient in whom this occurred, I may mention, was an opium-eater, who ordinarily used about ten grains of morphia a day, so that his being deprived of the drug while in the hospital may have had some effect upon the course of the disease.

There is another point of interest in connection with this case to which I should like to call your attention, and that is, that there is very marked atrophy of the adductor pollicis and of some of the interosseous muscles of the right hand, and also a loss of power in the extensors of the right arm. The dynamometer shows that the left hand is now stronger than the right, although she is naturally right-handed. I cannot ascertain that she has been subjected in any way to lead- or arsenic-poisoning; but she has been accustomed to a life of great hardship,—by day sleeping in a dark and damp basement, and at night following the practices of a prostitute. We conclude, then, that we have here progressive muscular atrophy, with a slight amount of pneumonic phthisis.

In the former affection there is supposed to be a lesion of the anterior horns of the gray substance of the spinal cord, and this is usually found to be a degeneration of occasional cells. In some cases, however, the trouble seems to be confined exclusively to the muscles themselves, and no disease of the cord whatever can be detected after death. The treatment here will consist of such measures as will tend to improve the general condition, and in the application of electricity to the affected muscles. It should be stated, before dismissing the case, that the urine of this patient is normal in character.

PLEURISY IN THE INCIPIENT STAGE.

Our last patient to-day is a man who, without receiving any injury, was taken five hours ago with a very sharp, stinging pain in the left side, near the lower border of the ribs. He has no cough, and, when he tries, can take a pretty full breath; but any movement involving the affected part, or any pressure upon it, is attended with acute suffering. It is probable that this is

not intercostal neuralgia, because no pain whatever is felt when pressure is made over the origin of the intercostal nerves. When auscultation is resorted to, no friction-sound, crepitus, râle, or any other abnormal physical sign whatever can be detected; but, as the patient has some slight febrile reaction, I am disposed to believe that we have here a case of commencing localized pleurisy. This is the probable diagnosis here, and it is principally on account of the affection being in such an early stage that we rarely have an opportunity of meeting with it, that I have brought the man before you. What I propose to do here is simply to put the patient to bed, and apply strips of adhesive plaster, so as to secure perfect rest to the affected part. By to-morrow the diagnosis of pleurisy will be either confirmed or disproved.

TRANSLATIONS.

SYPHILIS AS A CAUSE OF ANEURISM.—Fournier, in a discussion on this subject in the *Société Méd. des Hôpitaux*, says that in syphilitic aneurism there is proliferation of cellules giving rise to sclerosis and a bossillated, nodular condition of the vessels. If these lesions are produced by syphilis, aneurism must almost necessarily follow, on account of the narrowing of calibre, diminished resistance, etc. Fournier thinks syphilis is hardly so frequent a cause of aneurism as is asserted by the English. Physicians are said to have completely cured cases of aneurism by iodide of potassium. How this can be where the mischief is already done before the signs of aneurism can be noticed, does not appear. Mercury and iodide of potassium can only act upon the preparatory material, not upon the altered structure.—*La France Méd.*, March 5, 1879.

ABSORPTION THROUGH THE MUCOUS MEMBRANE OF THE BLADDER.—Cazaneuve and Livon allude to the fact that in a condition of health the epithelium of the mucous membrane of the bladder does not permit the passage of urine and the absorption of urinary constituents. Such absorption, however, may be feared in inflammatory conditions of the bladder. Retention of urine in a patient with cystitis may, therefore, be followed by absorption of the urinary constituents. Where

the urine is ammoniacal this is more likely to occur. On the one hand, this absorptive power indicates an opening for medication in cystitis; on the other hand, however, it indicates some fear of the absorption of injurious materials.—*Cbl. f. Chirurgie*, 1879, p. 204; from *Revue Mensuel*.

MULTIPLE LIPOMATA.—C. von Lutzav describes the case of a man 63 years of age, himself healthy, and the father of healthy children. The formation of fatty tumors began when he was four years of age, and when examined by Lutzav there were no fewer than 2436 over the man's body. Lutzav has collected twenty other cases from medical literature, by comparison of which he comes to the following conclusions. The formation of multiple lipoma is rare; it is not connected with advanced age; both sexes are equally subject to the affection. The usual seat of the tumors is the subcutaneous connective tissue, particularly of the buttocks and lower extremities; they are rarely found about the head and face; never on the palms and soles. The number which may exist is unlimited, and they may vary in size from that of a lentil to that of an infant's head. The tumors are flat, with a broad base, seldom polypoid, the surface smooth. Small tumors are rarely seated upon larger ones. In structure, lipomatous tissue is like that of fatty tissue everywhere. There appears to be a lipomatous diathesis. Metamorphosis of the tumors rarely occurs, but multiple lipoma is not absolutely benign.—*Cbl. f. Chir.*, 1879, No. 12; from *Inaug. Diss.*, Dorpat.

ATOMIZED ETHER IN VOMITING OF PREGNANCY.—Drs. Lubelski and Brochin have obtained the most flattering results in cases of rebellious vomiting of pregnancy, from the use of douches of atomized ether (Richardson's apparatus) over the epigastric region and over the middle of the back, continued for three or four minutes, and repeated every three or four hours. Cases have yielded to this method which had frustrated all other remedies.—*La France Médicale* (published in the *Giorn. Internat. delle Scienze Med.*, Napoli, 1879). G.

CUBEBS IN WHOOPING-COUGH.—Dr. P. M. Sanchez has obtained rapid cures of cases of whooping-cough by the administration of an ethereal tincture of cubebs in doses of four or five drops three times a day.—*Gaceta Med.*, Havana, March, 1879. G.

PHILADELPHIA MEDICAL TIMES.

PHILADELPHIA, MAY 10, 1879.

CORRESPONDENCE.

LONDON LETTER.

BEFORE the days of rapid locomotion by railways there were provincial centres which were, to a certain extent, localized metropolises, where there was much talent. Norwich, situated in the east, and Leeds, the queen of the West Riding of Yorkshire (though not the county town), have been noted for their surgical talent.

The Heys first made Leeds famous, and then came the Teales. Bright, cheery, genial people are the Heys, with marvellous memories, ready at a moment's notice to give minute details of some case seen thirty years before, and to contrast it with a case under their immediate notice. The Teales are keen-witted, far-seeing, precise creatures, who know their work to the minutest details.

Such being the case with the leaders, the followers acquire the same characteristics,—that is, so far as they are capable of doing so. Nowhere in the world is there better surgery to be found than in Leeds. In making this statement, there is no intention to disparage the physicians of Leeds. Clifford Allbutt's name is sufficient in itself to take away anything which may sound invidious in speaking of Leeds medicine as compared with Leeds surgery. Still, the fact remains that it is for its surgery that Leeds has been chiefly famous. But these conspicuous surgeons were good all-round practitioners as well as able operators, and it is in the person of Mr. T. Jessop that probably the best modern representative of these all-round men of the past generation is to be found. Yorkshire men have a number of sterling qualities, and, though they are keen about money-making, they are not parsimonious about money-spending. The *General Infirmary of Leeds* is a palatial structure, of which the Leeds people are justly proud. But the admiration excited by the outside appearance is only increased when the wards are visited. There is no London hospital which can compare with the Leeds Infirmary for its perfect cleanliness and internal arrangements. The strict philanthropist may possibly object to the amount of money spent in what might, from one point of view, be termed decorative ornamentation, but this keeps up the general tone, and pride may be a useful thing when it takes a self-respecting direction. The house-surgeon who walks round these handsome wards feels put upon his mettle, and strives to be in harmony with his sur-

roundings. It is much easier to cultivate self-respect in handsome wards than in the squalid rooms—of the Manchester Infirmary, for instance, and the residents of the Leeds Infirmary have a natural and creditable pride in their institution, and are stimulated thereby to the efficient discharge of their duties. The man whose foot presses on the well-waxed floor of these wards is inspired to keep his work in unison with his environment, and therefore cultivates himself with enthusiasm. The same influence is exercised upon the honorary staff, who feel that they are connected with a place of first-class standing. The money spent upon the architectural details of the Leeds Infirmary is, therefore, not money wasted, though it may not show a tangible percentage; it is in its moral influence that it reaps its reward. Where there has also existed for generations a conspicuous surgical family, others are stimulated to emulate the example set them, and the influence exercised by the Heys has not been confined to past generations, but exercises a perceptible action at the present time. There is no coming Hey, unfortunately, to sustain the time-honored name so well known in surgical literature. As to the Teales, the present representative of the family not only fully sustains his father's reputation, but has actually excelled it; and perhaps the very best eye-work in the world is done at Leeds. I know, at least, that, when more intimately associated with Leeds than I am now, such results could be attained there as could not be rivalled at Moorfields, in spite of Mr. Jonathan Hutchinson himself. There have been, and are now, in Leeds, good men and true, whose names have not attained the celebrity of the well-known names of Hey and Teale.

The antiseptic plan of treating wounds and injuries is now thoroughly accepted at Leeds; and there were to be seen, the other day, some stumps healed by first intention, which were simply pictures of what one would like to see generally attained in surgery. My memory may be serving me unfaithfully, but my impression is the house surgeon told me that the last twenty-seven amputations had been successful; not one had died. The opinion there is unanimous in favor of careful dressing, perfect cleanliness, and antiseptic precautions. Some of the cases were specially interesting. There were several cases where amputation of the penis for cancer had been followed by an operation for bringing the urethra out in the perineum; by which means greater comfort and convenience for the patient were attained. Of course a feminine attitude had to be maintained during the act of micturition. Then there were some cases of extroversion of the bladder being treated by Mr. Jessop by scraping off the mucous surface at intervals. By this means it is found that the mucous surface is made to approach skin in character, and thus is rendered much less sen-

sitive. Time and patience are required, and repeated operations at intervals of several weeks, to attain the desired end. There were, too, a number of cases of *knock-knee*, treated on Ogston's plan of subcutaneously sawing off the internal condyle and then straightening the legs. The bone detritus is left in the joint, and does no harm there, and there is no secondary or subsequent inflammation. In speaking of these knee cases, I am reminded of what the house surgeon said of a severe injury to the knee taken in lately. The knee-joint was laid open freely, with antiseptic precautions, and the case did perfectly well, and never showed a bad symptom. There were a large number of cases of great interest to the surgeon, which of course a physician can scarcely be expected to appreciate. On the medical side there were a great many cases of great interest clinically but not so much so therapeutically; and it may be stated, without any wish to wound the susceptibilities of the Leeds physicians, that they have not manifested in the past, and do not now in the present display, the same lively enthusiasm in treatment which is exhibited in so very marked a form by their surgical colleagues.

One case struck me very forcibly, viz., that of a *burnt child*. It was not deeply burnt, but the area was large, involving the anterior aspect of the chest. It did not give the impression of being in acute pain so much as of being very miserable, as it helped the nurse to put on the dressings. There was no apparent reason why, in all human probability, that child would be dead in twenty-four hours; though experience tells in unmistakable accents that such is almost the certain prognosis. Collapse inevitable and unavertible comes on after such burns. The house surgeon, a most intelligent fellow, inspired with much therapeutic enthusiasm, both before and after he was under my own personal influence, told me that, in spite of digitalis, or strychnia, or belladonna, collapse would come on. This depressed me very much, and I do not feel at all satisfied on the subject; and it would be very interesting to know if doses of these agents much larger than those in ordinary use would not be of service. The burnt patient can but die, and, as death in these cases is so certain, the dose might be pushed. It would probably be found that in the deep depression caused by the shock of the burn, a great tolerance of strychnia and belladonna exists, and that immense doses are required to produce any good effects. The case strikes me as presenting largely the features of a toxic dose of a depressant, to be met and antagonized by toxic doses of some stimulant to the circulatory and respiratory centres. Certainly at least there is room for investigation in this matter, and, even if the analogy betwixt the shock produced by a burn and the condition induced by a toxic dose of a depressant is not found actually to be as complete as it *a priori*

appears, knowledge of a valuable kind will almost certainly be afforded by inquiry. But it will be of no avail, and only mislead, if the doses in ordinary use are given. If this be done, the results will surely be unsatisfactory, and tend to stifle further inquiry into an interesting field of research. If atropine be given in doses of one seventy-fifth of a grain, the attempt had better never be made: it might be well to start with a twenty-fifth, following this up with like doses every half-hour if the collapse is becoming pronounced. The dose of strychnia, to commence with, might be one-fifth of a grain, repeating this three times at intervals of one-half or three-quarters of an hour, as the case required. Of course a certain amount of therapeutic enthusiasm and boldness would be requisite to induce a house surgeon to run the risks of blame and censure if a fatal result, other than that of indisputable and unmistakable collapse, should take place; but all pioneers must run risks. At any rate, the subject is one which contains considerable promise; and the cases of collapse treated by atropine recently recorded in your columns would be well supplemented by an inquiry into the utility of toxic—or at least of immense—doses of strychnia and belladonna in cases of burn-collapse.

To return to the subject of the Leeds Infirmary, it is my strong impression that Americans over in Europe to see what is going on are in error in not more frequently spending a few days in Leeds during their sojourn in England. They would find a magnificent building, itself well worth seeing; they would find under one roof splendid cases in the medical wards, with good efficient clinical teaching, and in the surgical wards they would see work that would excite their enthusiasm. If they found the therapeutic aspect of medicine more actively developed on the surgical side, it would lead them to inquire into the cause, and probably the explanation which would seem most feasible is this: in past days the leading practitioners and consultants were surgeons,—men who could cut for stone and amputate a thigh when necessary, but who at the same time were good all-round men and accomplished physicians to boot. Such surgeons were quite as commonly summoned away in consultation to see a case of pneumonia or congestion of the kidneys as they were to amputate a disease of the elbow-joint or to pass a catheter. Mr. Wheelhouse could probably be of equal service in all these cases, and put on a pair of long forceps or turn at a breech presentation just as well and with equal skill. When, then, leading surgeons were leading consultants, physicians did not occupy very prominent—or, rather, commanding—positions. Dr. Hodgson, of Leeds, the friend of Charles Waterton the famous naturalist, was a physician of high repute in his day; and at present Dr. Clifford Allbutt's position is one of great and deserved standing.

The following case is one of great interest, and opens up a new vista in the future, while it illustrates from a practical point of view the importance of further knowledge of the rhythmic disturbances connected with the catamenial cycles, so well described by Dr. Mary Putnam Jacobi in her prize essay on "Rest for Women during Menstruation,"—a work too little read. There she shows that there is a rise of temperature and blood-pressure gradually ascending from the termination of the menstrual week, and culminating at the commencement of the menstrual flux, during which time they both fall,—these alternating rises and falls constituting the catamenial cycle. Some time ago I was summoned into the provinces to one of our university towns, and found a lady of 38 in the following condition. She was flat on her back in bed, wandering considerably; her tongue brown, with sordes on her teeth; her temperature 103° Fahr., at which point it had stood for six days; her pulse 120; her respirations 40. The urine was highly albuminous. There was a well-marked *arcus senilis* in each eye. The lady had had a family rapidly; she had been confined five weeks. She was supposed to have caught a chill which started her malady. The case certainly looked black enough; but, knowing something of her family on both sides, I commenced to search for some local cause for the symptoms, suspecting pelvic cellulitis. A careful search elicited nothing but a patch of congestion at the back of the left lung, whose presence had been recognized for some days, and which was obviously a consequence and not the cause of the general pyrexia. The local doctors held out no ray of hope; yet I ventured to suggest the possibility of recovery. A draught of laudanum and hyoscyamus at night, and quinine four grains, tincture of digitalis and phosphoric acid each fifteen minims, every six hours, were prescribed, and a dietary of milk with some brandy insisted upon. In forty-eight hours the temperature fell distinctly,—a result aided by cold applications. The fall was followed by a sleep undisturbed for six hours. The wandering disappeared; and the amount of albumen was almost nil, and vanished entirely next day. The case progressed favorably; the temperature, pulse, and respiration became normal, the appetite returned, the tongue cleaned, and the spirits revived. The case went steadily on for a fortnight, when suddenly the temperature leaped up to its old place, followed by rise of pulse and respiration, but no albuminuria. This time the alarm created was not so great; but the sudden rise of temperature under the continued use of quinine and digitalis rendered the case still more interesting. There was no evidence of acute indigestion,—a common cause of acute pyrexia,—and, on inquiry, it turned out that the pyretic conditions cor-

responded to the menstrual weeks of the catamenial cycle. During the week the second pyretic attack passed away, leaving the patient convalescing very satisfactorily.

There are several lessons taught by this case: (1) always to fight the patient all along the line without despairing, especially in the absence of actual demonstrable disease which must almost of a certainty be fatal; and (2) that we know little of the disturbances which really are part of the catamenial cycle, when this has apparently been abolished by pregnancy and lactation. That the patient took forty-eight hours for the full action of the quinine and digitalis to be manifested is probably due to the advanced condition she had reached before these antipyretics were resorted to. The albumen in the urine, which was the chief cause of the gloomy prognosis formed, disappeared as soon as the circulation was steadied by the digitalis, and was probably due to congestion of the renal venules. The whole case is instructive in many ways, none the least being the fact of the value of knowing something about a patient's family history. There are families whose members will only succumb to the onslaught of organic disease, and even then only after a protracted resistance; there are others who go down unresistingly under conditions of slight disturbance. Finally, we have yet much to learn about the different conditions under which albuminuria is manifested, and according to which opium must be withheld or may be exhibited. It is notorious that it is the gouty kidney in which opium is so distinctly contra-indicated; yet there are such cases where opium is well borne, and one case is known to me where a pronounced gouty state did not prevent the patient from a decidedly free indulgence in Battley's sedative without any apparent ill effects.

J. MILNER FOTHERGILL.

PROCEEDINGS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, FEBRUARY 13, 1879.

THE PRESIDENT, DR. H. LENOX HODGE, in the chair.

(Continued from page 366.)

Recurrent round-celled sarcoma of the breast.
By S. W. GROSS, M.D.

A SPINSTER, at the age of 49, perceived a small, hard nodule in the right mamma, which grew rapidly, ulcerated, and discharged a large quantity of bloody fluid, but the ulcer subsequently closed. It was mobile, bulky, and annoying from its size and weight, and when removed, along with the entire breast, at the end of two years, by Dr. John Ashhurst, Jr., who reported the case in the fifth volume of the "Transactions," p. 230, it was surrounded by a distinct capsule, and sent a prolongation

beneath the pectoral muscle. It was a vegetating or intracanalicular sarcoma, and presented "in alternating preponderance round- and fusiform cells." Dr. Ashhurst informs me that the patient left the hospital in a few weeks, with the wound united, and in apparently good health. She returned, however, in four months with a recurrence of the disease on the side of the chest below the axilla, but the tumor was so diffused and so adherent that further interference was not deemed advisable. On her admission into my ward of the Philadelphia Hospital, February 3, 1876, or rather more than nine months after the extirpation of the breast, she was quite corpulent, but exhausted from the combined effects of the inhalation of the highly-offensive odor of the open mass, and a profuse hemorrhage which had occurred six days before. She also suffered from constant nausea, and vomiting of the ingesta; the right arm and the lower extremities were œdematous, and the face was decidedly yellow.

On the side of the chest, and extending over its anterior wall, and reaching to the summit of the axilla, was a foul, excessively fetid, undermined ulcer, filled with gangrenous-looking tissue. Its edges were ragged, but neither thickened nor indurated. Immediately below this, and separated from it by a bridge of skin, was a second but much smaller opening, and to the inner side of and below the latter there was a moderately firm, elastic tumor. At the midpoint of the axilla, as well as below it, were small ulcers, and commencing below its anterior fold were four tubers, each about an inch in diameter, which surrounded the large ulcer on its inner side, and were ulcerated at their centres. The skin in the vicinity of the openings was livid, but the veins were not prominent.

These features are well exhibited in the specimen, which was removed after death, on the fourth day after her admission. The axillary lymphatic glands were not compromised; the vessels were surrounded by the soft material of the growth, but their lumina were free from invasion; the upper four external intercostal and the third and fourth internal intercostal muscles were the seat of extensive deposits, while the parietal pleura over the fifth, sixth, and seventh ribs and their corresponding interspaces was also occupied by small nodules. The right pleural sac was the seat of recent adhesions, and contained half a pint of serum, while the left contained two ounces of fluid. The lungs, the heart, the brain, and other viscera were healthy, except the liver, which was very fatty, and the gall-bladder was distended, the left kidney, which was cystic, and the right kidney, in which were many calculi, which varied in size from that of a French pea to that of a small bean.

Minute examination disclosed that the recurrent growth was a small round-celled sar-

coma, containing some giant elements, and the absence of glandular structure afforded conclusive evidence that the entire breast had been removed by Dr. Ashhurst.

Dr. John Ashhurst, Jr., said that his experience led him to agree with the opinion expressed by Dr. Gross, and that he regarded these cysto-sarcomas of the breast as more malignant than any other variety of mammary tumor. Besides the patient, the termination of whose history Dr. Gross had just communicated to the Society, Dr. Ashhurst had operated upon another patient similarly affected. This was a colored woman, aged 40 years, suffering from an enormous tumor of the breast, the appearance of which was figured in the last edition of Dr. Ashhurst's "Surgery;" the weight of the tumor, after removal and after the evacuation of three very large cysts, which burst during the operation, was six pounds. The wound healed rapidly, but in a few weeks a small recurrent nodule was formed, not, however, involving the cicatrix, and was removed through a small incision. In about six months the patient again presented herself with multiple recurrent growths, but no operation was now considered advisable. She then fell into the hands of an irregular practitioner, and died not long afterwards, the duration of life after the first operation having been six weeks less than one year. Through the carelessness of an assistant, the tumor was unfortunately lost before it had been submitted to microscopic examination, but Dr. Ashhurst had no doubt that it was a sarcoma, probably of the round-celled or small spindle-celled variety. The clinical histories of these two cases certainly showed a degree of malignancy rarely equalled in any example of mammary carcinoma.

Gangrene of the lung from embolism (?) following puerperal convulsions. Presented by Dr. DE F. WILLARD.

Mrs. K., æt. 20, seven months pregnant with her first child, applied to me, complaining of severe headache, accompanied with swelling of hands, face, and feet. I found that the pains in her head were accompanied by dizzy sensations, and that she frequently snored at night. The œdema of face was most marked in the morning, but during the day it almost entirely disappeared. Her appetite was good; her bowels regular; but her sleep was unrefreshing. Her strength and general condition, however, seemed good. I found her urine albuminous to the extent of one-half the bulk, and to contain a few large fatty casts.

On the following day, before I had time to put her under treatment, after having complained rather more than usual of her head, but while otherwise feeling perfectly well, and after a hearty dinner and supper, she suddenly, at 10½ P.M., fell over in a convulsion, from which she roused in about five minutes,

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but in half an hour had another. Saw her after the second. Was sleeping, but could be roused. Soon had a third; was accompanied by extreme jerking of muscles of face, arms, and legs; mouth drawn to one side; slight frothing at the mouth; pulse 130; pupils dilated, but movable; breathing stertorous for fifteen minutes succeeding spasm, which lasted for three minutes.

Administered forty grains chloral, which was vomited; repeated it in ten minutes, and was retained. In one hour gave twenty grains more, and thereafter every two hours. A drop of croton oil to be given every hour. She roused sufficiently only to say that her head ached, but no convulsions appearing for three hours, I left her. The os was flaccid, and would admit easily one finger. In half an hour afterwards the fourth convulsion occurred, followed by others, to the extent of thirteen in the next three hours, her consciousness never returning between them.

When next seen, her pulse was 170, feeble; skin hot; pupils responding to light; breathing stertorous; entirely incapable of being roused to consciousness; neck of uterus now obliterated, and two fingers could be slightly separated in os; uterine contractions evidenced by facial expression and by bulging of membranes; vagina moist. Had an exceedingly severe convulsion while making the examination, and, with Dr. Curtin's assistance, I at once administered ether to remove all possible sources of irritation, opened the os in twenty-five minutes with Barnes's dilators, and instrumentally delivered a three and three-quarter pound child, which, after long efforts, was made to breathe, and at time of writing is four months old, and is growing nicely.

Not two ounces of blood was lost during the operation, the placenta being even pale. She had no convulsions during the time of delivery, and none subsequently. She remained all day, however, entirely unconscious, giving no heed to all attempts at rousing. The pupils responded readily to light, and she could swallow, but her urine was passed unconsciously. She had now taken five drops of croton oil, and had had two large injections of assafoetida and turpentine, but no passage of the bowels had been secured. Her neck had also been blistered.

Next morning, pulse 160, feeble; still unconscious; face bloated; lips and tongue swollen and bloody; pupils normal. Hair has been cut short, and bladders of ice constantly applied. A large injection gave small fecal stool; three pints of dark, highly albuminous urine drawn by catheter contained bloody and fatty casts in small number. Moans, but does not answer questions; sleeps restlessly. At 5 P.M., pulse 140; seems to hear, and, when fully roused, occasionally will articulate slowly, "yes." 11 P.M., pulse 130; eyes clearer; skin soft; tongue moist;

and now, thirty-six hours after delivery, seems quite intelligent, but unwilling to be disturbed. Ice discontinued. Has been drinking freely of solution of Rochelle salts and of milk. The seventh drop of croton oil has now operated the third time. Has been taking potass. bromid. every two hours in camphor-water.

Everything progressed nicely, her secretion of milk appearing naturally, her whole condition indicating a speedy convalescence, until fourth day, when a severe pain, soon accompanied by friction-sound and impaired respiration, indicated a pleurisy of left side, over lower lobe. Slight effusion evident next morning, and during day in spite of cups and appropriate treatment of yesterday, progressed rapidly to severe form of pleuropneumonia, the entire left lower lobe being implicated before night.

Over the lower portion of the chest there was almost complete dulness at first, owing to the slight effusion there present, but at end of week, when seen in consultation with Dr. Curtin, no liquid could be discovered, but the resonance was merely diminished over the whole lung, except in axillary and infra-axillary regions, extending from nipple to scapula, where it was flat; the vocal fremitus and resonance were lost, as well as the vesicular murmur; vocal fremitus and resonance increased over the rest of the lung, and broncho-vesicular breathing, with coarse and fine bubbling râles, everywhere present. Mobility of left side diminished; intercostal spaces apparently normal; apex-beat of heart in normal position. Right side abnormally resonant; respiratory murmur exaggerated; mobility increased.

In a few days her expectoration became exceedingly offensive, and whenever she coughed the room was almost unbearable. The odor was a peculiar one, and was so marked that it was noticeable upon entering the front door, a strange, sweetish characteristic being most evident. In fact, this smell was so marked that months subsequently, and twenty-four hours after handling the specimen, I recognized its existence as an emanation from my hands.

She emaciated rapidly, the crepitus of pneumonia giving way to subcrepitan and these to coarser râles, until all the physical signs, as well as the persistent cough and expectoration, indicated the rapid dissolution of the lung, and in the fifth week she died, albumen and casts having slowly disappeared from her urine.

Autopsy, ten hours after death.—Kidneys large, fatty; pyramids congested; other organs, save lung, healthy; uterus well reduced in size. By percussing the chest, amphoric resonance was elicited over position of former flatness; resonance as elsewhere stated. Left pleural surfaces so firmly adherent as to be only removable by tearing away with fingers, at

some points the parietal subserous connective tissue giving way before the union of the two layers would yield; no liquid effusion, but at upper posterior portion of lower lobe the thin wall of a large abscess gave way, giving vent to several ounces of dark-yellow, excessively offensive pus. The lung was everywhere consolidated, and throughout its entire extent were little depots of pus and of tissue, in various stages of decomposition.

The point above alluded to, however, was the only one at which a large cavity existed.

Dr. Willard remarked that he had detailed the case at length, as it presented several different points of interest. 1st. Pathologically considered, as to whether this pneumonia was embolic in its character, such emboli being the result of the conditions of the blood previous, during, or subsequent to the convulsions. He was strongly of the opinion that it was of this nature, although the wetting of the bed with the ice, and the occurrence of pleurisy antecedent to the pneumonia, would favor the idea of its production by cold. On the other hand, pneumonia is a very common occurrence in the course of Bright's disease. 2d. The case was of interest from the fact that chloral failed to arrest the convulsions, and in his experience such was frequently the case. 3d. It was the first time that he had been able to deliver a living infant, after such severe spasms, in the seventh month.

Erectile tumor from scalp. Presented by Dr. C. SEILER.

The tumor, of which a microscopical specimen is under the microscope, was removed from the scalp of a young girl by Dr. S. W. Gross; it projected about an inch and a half from the surface of the scalp, being somewhat thicker at the free end, and pointed, resembling in shape a penis. The free end was ulcerating and emitted an extremely offensive odor. The growth had first been noticed six months previous to the operation.

On making a longitudinal section through the tumor, and after staining it with carmine and indigo, it was found, on microscopical examination, to present a picture very similar to that of a longitudinal section of a small penis.

The base was found to be composed of the normal tissue of the scalp, the shank or narrow portion of cavernous or erectile tissue, the meshes of which were lined with endothelium and filled with blood-corpuscles, while the gland-like expansion at the free end showed, at first glance, glandular tissue. A more careful examination, however, proved this tissue to be the same as that of the shank, but with the endothelial cells of the caverns in an active state of proliferation and a return to the foetal state. The whole of the tumor was covered with a thin layer of epithelium, except at the extreme end, where it had been destroyed by ulceration. By the ordinary processes of staining with one color, the distinction between glandular tissue, and

this cavernous tissue, filled with proliferating cells, could not easily have been made; but by employing the double staining, which colors the nuclei red, while the intercellular substance is tinged blue, and the blood-corpuscles green, it was readily seen that in between the oval cells numerous green blood-corpuscles were impacted.

I have presented this specimen because it shows the value of large sections, and of the double staining process in pathological histology, for, if a transverse instead of a longitudinal section had been made, the true nature of this growth could not have been made out without great trouble.

REVIEWS AND BOOK NOTICES.

ON LOSS OF WEIGHT, BLOOD-SPITTING, AND LUNG DISEASE. By HORACE DOBELL, M.D., etc., etc., Consulting Physician to the Royal Hospital for Diseases of the Chest, late Senior Physician to the Hospital, etc., etc. Philadelphia, Lindsay & Blakiston, 1879.

"A person who suffers from loss of weight, blood-spitting, and lung disease is generally thought to be in a consumption," says Dr. Dobell, in his preface; and he is quite right. Furthermore, the hideous mortality from pulmonary consumption in that belt of the globe in which the book before us was written and published, and in which it still is on this side the Atlantic, lends to every thoughtful word written upon the subject an interest to the profession which is always, in spite of unnumbered disappointments, fresh and absorbing. The long experience of our author in this disease; his painstaking and unwearied research into its clinical phenomena, continued through many years; his opportunities for most extended personal observation; and the earnestness which marks every page he has written, would demand the considerate attention of the profession, were the subject one of far less importance than it is. His book is a most minute and labored study of phthisis from a clinical stand-point: it is illustrated by a table of one hundred selected cases in which blood-spitting occurred, the cases being analyzed with reference to the author's peculiar hypothesis as to the essential pathological processes in that malady in which loss of weight, blood-spitting, and lung disease are frequently associated conditions. What that hypothesis is will be best made known in Dr. Dobell's own words:

"This foe is oxidation,—the yielding up of the tissues to combustion by oxygen, in consequence of a defect in the supply of fats from the food into the blood. Thus the blood becomes deficiently and defectively supplied with fat elements from the food; is unable to afford those required for direct combustion; does not replace those taken up during inter-

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stitial nutrition; but, on the contrary, takes up more to compensate the deficient supply from the food. This having gone on up to a certain point, the fat elements of the albuminoid tissues are seized upon, and those tissues are minutely disintegrated in the process; they are, in fact, reduced to ashes.

"It is evident that this disintegration by oxygen will take place first wherever the following combination of conditions coexists in the most marked degree:

"1. Greatest activity of interstitial oxidation.

"2. Smallest amount of fat elements able to be spared by the tissues.

"3. Oxidation of blood deficient in materials for oxidation, through the medium of tissues also deficient in such materials." (Pp. 161-2.)

The lungs are the organs which, under ordinary circumstances, most markedly fulfil these conditions. Hence it is that when the oxygen in the blood fails to find fat, it turns upon the albuminoid tissues of the alveolar wall and destroys it.

"This disintegrated albuminoid material is the irritant which, in true tuberculosis, sets up the hyperplasia of adenoid tissue, the cell-proliferation, angioplasia, and their results, so well described by Portal, Virchow, Sanderson, Rindfleisch, Charcot, Malassez, and others." (P. 168.)

And again,—“Those who have taken the trouble to go critically through the preceding pages must have been struck with the comprehensive manner in which the doctrine of oxidation due to defect in the passage of fat into the blood throws light upon all other contending doctrines and observations respecting tuberculosis, tuberculization, and tubercle, while it accounts for clinical facts which they ignore:

"1. It accounts for the initial loss of weight and strength, which every other doctrine ignores.

"2. It brings into place the loss of weight attendant upon lung disease, but not *initial*.

"3. It accounts for the *order* in which organs are affected with tubercle at different periods of life.

"4. It accounts for the *order* in which the tissues of these organs are invaded.

"5. It accounts for all the elements of the heterogeneous masses called *tubercle*,—the bone of contention among pathologists of all nations.

"6. It explains the clinical history of pulmonary consumption, from its first symptom to its last.

"7. It clears up the difficulties, which have so confused and confounded pathologists, as to the *local* or *general origin* of pulmonary consumption.

"8. It explains the action of *all remedies* known to have any appreciable effect upon the disease." (P. 194.)

If all this be true, Dr. Dobell's claim that his is the best working hypothesis yet presented is surely not an unwarranted one. Yet we cannot, even after a most attentive reading of his book, admit with him that by its simplicity of conception and universality of application it "proves itself."

Simplicity of conception is certainly a noteworthy character of the hypothesis, when we seek the *fontem et originem mali*,—the explanation of the absence of the proper supply of fat in the blood,—and find that it is due to "defect in the action of the pancreas and of its coadjutors, the intestinal glands and the liver." (P. 195.)

The principle upon which to base treatment is obvious, but is it to be hoped that phthisis would be "stamped out" by the introduction of the "Pancreatic Emulsion" as a staple article of our daily bread? Of course all consumption is tubercular under this hypothesis, which has no place for the inflammatory forms. Indeed, the doctrine of inflammation is most strenuously opposed.

The book is very well worth careful reading. It abounds in valuable facts connected with consumption, arranged and read at times arbitrarily perhaps, but almost always suggestively. That it will be an "epoch-making" contribution to the literature of the subject is doubtful.

The lithograph, from a drawing by Dr. Mexon, which serves as a frontispiece, is an excellent piece of work.

J. C. W.

A GUIDE TO THE QUALITATIVE AND QUANTITATIVE ANALYSIS OF THE URINE. By Dr. C. NEUBAUER and Dr. J. VOGEL. Translated from the Seventh German Edition by ELBRIDGE C. CUTLER, M.D. Revised by EDWARD S. WOOD, M.D.

"The child whom many fathers share
Hath seldom known a father's care."

Nevertheless, polyandry or multiple paternity seems in the present case to have been an eminent success. The book is certainly the best in the language upon its subject, and presumably the best in any language. Of course the word "best" here is used in a restricted sense, meaning fullest and most complete, along with the possession of other good qualities. For the physician who wants simply practical knowledge, easily acquired and of immediate utility as a weapon against disease, the smaller manuals, led by the work of Dr. Tyson, are perhaps preferable to this larger one. The work of Drs. Cutler and Wood has been very satisfactorily performed. In print, illustrations, and binding, the volume is almost sumptuous, ranging in its mechanical attributes to an extreme distance from some of the other doings of its publishers.

PRACTICAL INSTRUCTION IN ANIMAL MAGNETISM. New York, S. R. Wells & Co., 1879.

To any of our readers who are desirous of knowing how by the throwing out of personal

force into the sick, to heal fistula, arrest pleurisy, disperse quinsies, put to flight malignant fevers, and assert in general a godlike supremacy over disease, we commend this volume; to all who are so incredulous that they will not believe a thing because it is printed, so besotted in their prejudices that they will not attempt miracles, so given over to the abominations of drugs that they will continue to use them, we say, this book is not for you.

DISEASES OF THE ABDOMEN. By S. O. HABERSHON, M.D. Third Edition. Philadelphia, Lindsay & Blakiston, 1878.

ON DISEASES OF THE ABDOMEN. By S. O. HABERSHON, M.D. Second American from the Third London Edition. H. C. Lea, 1879.

We apparently have, in the two works before us, an instance of a transaction which is of great psychologic as well as commercial interest. It illustrates how law influences morality almost as much as morality does law. Few honorable men could reconcile to their consciences and self-respect the appropriating of their neighbor's house, even if the word neighbor did have to be so stretched as to include an owner across the broad Atlantic. Few honorable men (or perhaps we should say publishers) are to be found who have any scruples whatever in appropriating the property of their neighbor, if, instead of being a house the reward of labor by day, it is a book the reward, it may be, of labor by night. The reason of this, evidently, is demoralization through law. It will be a long time before public opinion (which yet forbids the public use of the word stealing) corrects by itself either the law or the practice; but now that, through the intricate operations of commercial relations, at least one of the most all-devouring storks has begun to come to the aid of the frogs, authors may reasonably hope to see a just copyright law. If this be accomplished, we will cease to see at one time, on our book-table, an imported English work upon whose title-page has been placed the imprint of an American publisher, and an American reprint of the same. We are glad to be able to say that the English book is in every way superior to the American. We would fain wish, by virtue of this mechanical superiority, if by no feeling of justice, that the American medical profession would be led to buy the volume of Lindsay & Blakiston.

Concerning the scientific and medical attributes of the book it is not necessary here to enlarge, since the work is an old and well-known favorite with the profession.

LESSONS IN LARYNGOSCOPY, INCLUDING RHINOSCOPY, ETC. By PROSSER JAMES, M.D., M. R. C. P., etc. London, Baillière, Tindall & Cox, 1878. 12mo, pp. 176.

Dr. James's little book is one which may be recommended to the general practitioner de-

sirous of obtaining a practical acquaintance with the diagnosis and treatment of diseases of the nares, pharynx, and larynx. It gives a brief but clear account of the parts to be examined in their various relations, the instruments employed in examination and for the purposes of treatment, and the method of using these instruments. In addition, the various remedies used, electrolysis, caustics, gargles, fumigations, etc., are described. Except incidentally, Dr. James does not touch upon the various diseases, which, indeed, would take him outside of the natural limits of his work. The book is profusely illustrated with coarse but serviceable wood-cuts. Half a dozen carefully colored plates of the laryngeal image in various affections are appended.

GLEANINGS FROM EXCHANGES.

INTERMENINGEAL SPINAL HEMORRHAGE SIMULATING STRYCHNINE-POISONING.—E. L. Dixon, M.D., was sent to see a man 49 years of age, of intemperate habits, who had been suddenly seized with violent tetanoid convulsions, which continued to recur at short intervals. The body, in a paroxysm, became completely extended, with the neck, arms, and legs stretched out and stiff for a short time. Comparative relaxation then took place, to be followed in two or three minutes by a return of the spasms, during which the patient, who was never unconscious, screamed from the pain which he said he experienced all over the body, but especially in the region of the heart. The least touch brought on a spasm. Pulse, 74, of good volume; the pupils during a paroxysm not insensible, but somewhat sluggish and dilated. The patient died within two hours. Post-mortem examination proved the absence of poison from the viscera. On examination, the spinal arachnoid cavity was found filled with coagulated blood; there was no opening of aortic aneurism into the canal. Want of time prevented search for the ruptured vessel. The case is interesting from a medico-legal point of view, tetanus being the only disease mentioned as very likely to be confounded with strychnine poisoning.—*Lancet*, vol. i., 1879, p. 333.

LAPAROTOMY FOR ACUTE INTESTINAL OBSTRUCTION AND REMOVAL OF GALL-STONE IMPACTED IN ILEUM.—Mr. Bryant reports the case of a woman of 50, who had suffered three days from symptoms of acute intestinal obstruction. The chief seat of pain was a little to the left of the umbilicus. Mr. Bryant made an incision for about four inches vertically downwards from the umbilicus, and some claret-colored and ecchymosed coils of intestine appeared at the wound. These were traced up and down until a part was reached where a hard body was found impacted. An incision was made on this, and a gall-stone

extracted of two hundred and eighty-three grains in weight and the size of a small hen's egg. The patient, however, never rallied, and died eight hours later. Mr. Bryant urges early operation in intestinal obstruction.—*Lancet*, vol. i., 1879, p. 336.

PEMMICAN.—The *Lancet* recommends this preparation as a substitute for the various preparations of raw beef employed as peculiarly nutritious. Pemmican contains 35 per cent. of albuminates, 53 per cent. of fats, and yields per ounce 275 foot-tons of energy, as compared with dried bacon, 8 per cent. albuminates, 73 per cent. fats, 291 foot-tons, and with lean meat 20 per cent. albuminates, 35 per cent. fats, 55 foot-tons energy. It has also nearly double the force-value of oat-meal, which is considered as a typical article of nutritive food. Unfortunately, it has a disagreeable taste, due, probably, to the oak saw-dust used in preparing it. Pemmican is also procured only with difficulty.

RARE FORM OF INTESTINAL OBSTRUCTION—OPERATION—CURE.—At a recent meeting of the London Clinical Society, Mr. Bellamy read notes of a case of rare form of intestinal obstruction, due to invagination of the small intestine in the first part of the rectum; gastrotomy; recovery. The patient was a pale, delicate woman, aged 34, who came under care on February 16, 1879, with symptoms of obstruction of nine days' standing. She had an inguinal hernia on the left side, for which she wore a truss, which was left off a short time previously. She was subject to habitual constipation, and on three occasions the retention of fecal matter had given rise to very serious symptoms, which, however, always yielded to ordinary measures. On admission, a hard swelling was felt in the left iliac fossa in region of inguinal canal and sigmoid flexure. There was intense pain over lower part of abdomen, and her eructations smelt stercoreous. On examination of rectum by the entire hand, under chloroform, Mr. Bellamy found that he could not get his fingers past the lower end of the sigmoid flexure, and that it seemed to be filled up and constricted by some intra-abdominal stricture or protrusion through the separated softened muscular fibres of the rectum. Deferring operation for a time, the patient became much worse, vomiting stercoreous, and on the evening of the 17th Mr. Bellamy proceeded to operate, under strict antiseptic precautions. Thinking there might be some involution of small intestine, perhaps through hernia into rectum, as mentioned by Linhart, or a hernia reduced *en masse*, he cut down on the external ring, exposed it, and, passing the finger into inguinal canal, found no gut there, but felt the sigmoid flexure greatly distended. Then, enlarging the opening, and introducing the entire hand into abdominal cavity, he found the posterior uterovaginal fold of peritoneum greatly developed, and also a bundle of small intestine lying be-

low it and tucked into the anterior wall of the rectum. In addition to this, he felt what appeared to be bands of organized lymph stretching across the first part of rectum, probably due to some earlier inflammation in the same locality, rendering reduction per anum impossible. Again, with the entire right hand in the rectum and the left in the pelvic cavity, he broke down adhesions, and, by gradual manipulation, reduced the prolapsed bowel. Very shortly after, flatus escaped, and within twelve hours a most copious evacuation occurred, affording immense relief. The patient progressed favorably until the 22d, and had not a bad symptom of any sort; but some delirium came on, and she tore off her antiseptic dressings. The delirium was, however, subdued by subcutaneous injection of morphia and by chloral, and at the time of the meeting the wound was looking quite healthy, and she was out of danger.—*Lancet*, vol. i., 1879, p. 337.

DEFORMITIES IN THE YOUNG THE RESULT OF METHODS OF EDUCATION.—Dr. Buckminster Brown calls attention to the prevalence among young people of both sexes of scoliosis, or "retro-lateral curvature of the spine," as a result of bad positions in writing, drawing, at the piano, etc., also while standing during recitations and carrying heavy books, etc., on one arm. This result is not only due to malposition, but also to too long continuance in one position, even if originally a good one. Dr. B. mentions as examples the faulty positions almost always assumed by children when writing at a desk, standing on one leg during recitations, etc., also horseback-riding in the unnatural position assumed by women. The remedy lies in frequent changes of posture and careful adaptation of desks, pianostools, etc., to the positions which are to be assumed by the child.—*Boston Med. and Surg. Journ.*, 1879, p. 281.

A TOOTH-PICK IN THE LIVER.—Dr. Kraus (*Brit. Med. Jour.*, 1879, p. 323; from *Allg. Wien. Med. Zeitung*) states that he saw, at the necropsy of a man who had died of phthisis, a tooth-pick nearly four inches long and pointed at both ends, taken from the liver. The man had been addicted to drink. At the anterior surface of the left lobe of the liver, an abscess of the size of a walnut was found. The posterior surface of the colon was adherent to the liver at this part; and on careful examination a fistulous opening communicating with the abscess was found in it. On laying open the abscess the tooth-pick was disclosed.

CHRONIC CHOREA TREATED WITH HYPODERMIC INJECTIONS OF CURARA TOGETHER WITH LARGE DOSES OF SULPHATE OF ZINC.—Dr. Day (*Lancet*, vol. i., 1879, p. 265), in a case of chorea in a young girl where iron, bromide of potassium, arsenic, and the juice of conium had failed, gave hypodermic injections of $\frac{1}{16}$ to $\frac{1}{10}$ gr. curara in the form

of a small gelatin disk, impregnated with the drug and dissolved in water. In addition, sulphate of zinc was given in three-grain doses twice daily, increasing by one grain daily until eighty grains had been taken in a single day, without causing the slightest sickness or discomfort. Under this treatment the patient recovered.

KOUMYS FOR YOUNG INFANTS.—Dr. P. Brynberg Porter recommends koumys as a food for very young infants unable to digest cow's milk or the ordinary substitutes for mother's milk. It should be freed from carbonic acid and given cold. Children usually take to it kindly. One and a half to two pints daily may be given to children of three or four months. Koumys, as sometimes prepared, contains unmodified casein and milk sugar, which entirely obviate its good effects. To ascertain in a given case if the casein is coagulable, add dilute hydrochloric acid, and if this precipitates the casein the mixture has not been properly prepared. To ascertain if the milk sugar has been destroyed, boil, and fill a test-tube with the liquid; then add a little yeast, and invert the tube in a saucer of water, as in the fermentation test for sugar in urine, when any fermentation taking place gives evidence that the mixture has not been properly prepared.—*New York Medical Journal*, March, 1879.

WHOOPIING-COUGH.—Dr. J. J. Caldwell's mode of treating these cases is to place a steam atomizer in position on a table before the patient, charged with the following mixture:

R Ext. belladonnæ fluid., gtt. vi-xii;
Ammonii bromidi, ℥i;
Potassii bromidi, ℥ij;
Aquæ destillat., f℥ii.—M.

This spray is rapidly carried over into the face, mouth, and lungs of the child, and applied ten to fifteen minutes, until the pupils are dilated by the effects of the belladonna mixture; the application to be made morning, noon, and bedtime. This has, so far, cut short the spasmodic cough within two or three days uniformly, and almost to a certainty.—*St. Louis Med. and Surg. Jour.*, 1879, p. 192.

A PECULIAR CONDITION OF THE SKIN IN PARAPLEGIA.—Dr. David Ferrier has observed that when certain metals, as silver, gold, copper, lead, zinc, etc., are rubbed upon the skin of paraplegic persons, black marks are induced; the same metals rubbed upon the unaffected portions of the skin produce no such marks. With a clean silver probe, letters, or even a sketch, can be made upon the skin. Dr. Ferrier believes the property of taking on markings, under these circumstances, is connected with an œdematous condition of the skin.—*British Medical Journal*, 1879, p. 341.

LEAD-POISONING.—Dr. Edelmann, in his *Thèse de Paris*, discusses a few little-known causes of lead-poisoning. Of four cases enumerated, three occurred respectively in a

workman employed in making bullets, in a hair-dresser who dyed hair, and in a man who had been employed in making ice-cream. The fourth case was that of a woman engaged in polishing cameos, whose symptoms are detailed in the *British Medical Journal*, vol. i., 1879, p. 357.

PHOSPHORESCENT MEAT.—Dr. Neusch, called to his household pantry by a cry of alarm from the domestic, observed that a dozen pork-chops which were lying in a dish illuminated the whole place, shining with a phosphorescent light sufficient to enable the minutes and seconds to be distinguished on the face of a watch. It was found that this phosphorescence was due to minute bacteria. All the meat in a certain butcher's shop, from which these chops had come, was thus affected for several weeks. The same phenomenon has been met with occasionally before: in 1592, at Padua, when it was described by Fabricius ab Acquapendente; once in Austria; and a third time, in 1868, in Berne, and in Heidelberg, in the dissecting-room of the University.—*British Medical Journal*, 1879, p. 357.

YERBA SANTA AS A MEANS OF DISGUISEING THE TASTE OF QUINIA.—Henry M. Kier, M.D., recommends yerba santa, in the form of elixir or syrup, as a palatable vehicle to disguise the taste of many bitter drugs. The salts of quinia, given in the proportion of ten to twenty grains to the fluidounce of one of these preparations, are rendered palatable, or, at least, tolerable. The yerba santa leaf imparts to quinine the taste of starch, when chewed and held upon the tongue for a second.—*Pacific Medical and Surgical Journal*, March, 1879.

HYDROBROMIC ACID is still on trial as a sedative neurotic, and as a substitute for the alkaline bromides. An objection to its use is that it must be largely diluted. A dose of 50 grs. (41.6 minims) of Squibb's solution—equivalent to 25 grs. bromide of potassium—requires not less than f℥viij of liquid containing at least an ounce of sugar in solution. Dr. Fothergill, however, gives it in smaller doses, and esteems it highly in irritable cough, etc.

SPASM OF THE CILIARY MUSCLE TREATED BY DUBOISIN.—Dr. Soelberg Wells, in a communication on this subject in the *Lancet* (vol. i., 1879, p. 223), says he had so frequently found atropine setting up irritation before completely paralyzing the muscle of accommodation in spasm of the latter, that its use had in many instances to be desisted from. Duboisin acts more rapidly and powerfully than atropine, a four-grain solution dilating the pupil more rapidly and acting more on the muscle of accommodation than a solution of atropine of equal strength. The pupil in a normal eye becomes dilated *ad maximum* in ten to twenty minutes, the accommodation (if there is no spasm of the muscle) paralyzed in twenty to forty minutes; this lasting for three or four days.

PYROGALLIC ACID AS AN ANTISEPTIC.—In a recent number of the *Lyon Médical* (*Brit. Med. Jour.*, 1879, p. 278) Dr. Bovet calls attention to the antiseptic properties of pyrogallie acid. His conclusions are as follows: 1. A solution of pyrogallie acid of 1 or 2 per cent. prevents for some months the development of odors and of microscopic organisms. 2. A solution of 2½ per cent. removes the odor from fluids in a state of putrefaction, and destroys the bacteria. 3. A solution of 3 per cent. renders motionless and kills all the elements of the *bacillo subtilis*. 4. Pyrogallie acid prevents alcoholic fermentation and the formation of mould. 5. A 2 per cent. solution may be applied to man without injury, and is a very good disinfectant. The acid, however, blackens steel instruments, and these stain the hands; the stains, however, may be removed by oxalic acid, and the instruments may be cleaned by washing them in a concentrated solution of soda.

PHYSIOLOGICAL ACTIONS OF ACONITE AND ACONITIA.—G. Hunter Mackenzie has arrived at the following conclusions as the result of experimental research:

1. Aconite and aconitia act primarily on the respiration by their influence on the respiratory centre and peripheral sensory branches of the vagus.

2. They have no direct action on the heart, and only affect that viscus secondarily, through the medium of the lungs.

3. Their action on the nervous system consists in, first, irritating, and secondly, paralyzing, the peripheral sensory nerves and posterior roots of the spinal nerves. They have no direct action on the brain or the vasomotor nerves. They increase the irritability of the peripheral motor nerves and of the motor columns of the cord.

4. They do not induce muscular paralysis, but, on the contrary, increase the irritability of voluntary muscle.

5. They induce convulsions mainly through their augmenting the irritability of the anterior column of the cord, the motor nerves, and muscles.

6. They first increase, and secondly diminish, temperature.

7. Death ensues from asphyxia and respiratory collapse.—*Practitioner*, March, 1879.

QUINIA IN TENESMUS OF THE NECK OF THE BLADDER.—Dr. Simmons, of Yokohama (*Med. Times and Gaz.*, 1879, p. 218), has given quinia in doses of ten to fifteen grains by the mouth in cases of persistent and painful tenesmus of the bladder, with very beneficial results.

PREVENTION OF IRRITATION FROM TRUSS-PADS.—A correspondent of the *British Medical Journal* advises having loose covers of the finest and softest wash-leather made, which can frequently be changed and dried; this combined with daily ablutions with boracic acid-water, the writer states, kept his patients free from all discomfort.

MISCELLANY.

OBITUARY RECORD.—Dr. Isaac Hays, who died April 12, aged 83 years, was educated at the University of Pennsylvania, taking his A.M. in 1815, his M.D. in 1820.

In February, 1827, Dr. Hays joined the editorial staff of the *Philadelphia Journal of the Medical and Physical Sciences*, which in November was rebaptized as the *American Journal of the Medical Sciences*. Dr. Hays became its sole editor, and for over half a century it remained under his control. In 1843 the *Medical News* was commenced as a monthly in connection with the *Journal*, and in 1874 the *Journal* was further supplemented by the issue of the *Monthly Abstract of Medical Science*, under the same editorial supervision.

In 1828, Dr. Hays edited an edition of Wilson's "American Ornithology," 3 vols. 4to; in 1831 he published a translation, made in connection with the late Dr. Robert Eggesfield Griffith, of Broussais' "On the Phlegmasiæ," 2 vols. 8vo; in 1834 he edited the "American Cyclopædia of Practical Medicine and Surgery," 2 vols. 8vo, and was the author of a number of the articles contained in it; in 1846 he edited Hoblyn's "Dictionary of Medical Terms;" in 1848, Arnott's "Elements of Physics;" and in 1847, Lawrence's "Treatise on Diseases of the Eye," with numerous additions, which passed through three editions. He contributed to the "Proceedings of the Academy of Natural Sciences," and to the "Transactions of the American Philosophical Society," and he was also the author of a number of articles published at various times in the *American Journal of the Medical Sciences*.

Dr. Hays, in addition to his literary labors, always performed a fair proportion of practical work. He was almost the first person to attain eminence as an ophthalmologist in Philadelphia, and from the organization of Wills Hospital, in 1834, until his resignation, in 1854, was a very active member of its staff.

In the various medical societies of the city, Dr. Hays was an honored and active member; his urbanity, his unblemished reputation for the strictest impartiality, and his long experience, gave great weight to his opinions upon disputed ethical points and in personal difficulties between members of the profession. He was prominent in the organization of the American Medical Association and of the Pennsylvania State Medical Society. He was the first Treasurer of the Association, and chairman of its committee which framed and reported its Code of Ethics, which has since been adopted by every medical society in the Union and is regarded abroad as a standard of professional conduct.

ORIGINAL METHOD OF REMOVING FOREIGN BODIES FROM THE NOSE.—Dr. Convert, in the *Atlanta Medical and Surgical Journal*,

says he has seen a negro "operate" as follows in the case of a boy who had an impacted berry in the nostril. He pressed the unobstructed nostril with his finger to prevent escape of air, his open mouth covering the whole of the boy's mouth, and first "blowing him up," then with a sudden puff brought out the berry like a wad out of a pop-gun.

AFFECTING.—A Southern valedictorian closes with the following peroration: "Let us remember, always, that hearts had ne'er been supernal, without a world to brave; and when life's leaves shall wither, may we have gathered many gems of virtue; and when the bloom of life's coronal has faded, may we weave living circles around immortality. Till then, my class-mates, though the leaflets of memory hang dripping with tears while we speak the word,—yet we, too, must say, *farewell!*"

NAÏF.—The following advertisement appears in the columns of a German medical contemporary: "Through the death of the late proprietor, a good practice (surgery) in a wealthy part of the country is to be disposed of, either by sale or lease. The present owner, daughter of the deceased, is young and single, and would not object to marriage with the buyer or tenant, if suitable arrangements were made. Address, etc."

COFFEE AND EGG FOR SICK PERSONS.—It is said that life can be sustained by the following when nothing else can be taken. Make a strong cup of coffee, adding boiling milk as usual, only sweetening rather more; take an egg, beat yolk and white together thoroughly; boil the coffee, milk, and sugar together, and pour it over the beaten egg in the cup you are going to serve it in.

The latest publication of William Wood & Co., of New York, in their Library of Standard Medical Authors, is the classic work of Professor Frerichs on Disease of the Liver (Murchison's translation). The book is, of course, a very old one, having been written in 1858, but it is of such character that for half a century it will remain a classic. As to the extraordinary cheapness of the issue there can be no question.

ORIGIN OF DIPHTHERIA.—Diphtheria is believed to have originated in Egypt more than two thousand years ago. It prevailed in Egypt and Asia Minor, to which it extended, during the first five hundred years, and hence was early called an Egyptian or Syriac disease. Having invaded Europe, the disease appeared in Rome A.D. 330, and, being highly contagious, in its fifteen hundred years' transit on the continent of Europe it affected mainly rural districts and garrisoned towns. It extended to Holland, in which it was epidemic in 1337; to Paris in 1576, and again appeared there in 1771. It prevailed more extensively in France in 1818 and 1835, and in England, the United States, and Canada from 1856 to 1860, and more or less ever since.

NOTES AND QUERIES.

DEAR SIR,—I am preparing for the American Laryngological Association a report of what has been published in this country on Laryngology and allied subjects, and shall appreciate it as a favor if you will inform me of the title and publication of everything you have written on the subject of the Throat, Voice, etc. If you can send me a copy of the article itself, so much the better. If either long ago or recently anything has been published by some one else, which in your judgment would be likely to escape my attention, no matter how unimportant it may seem, please mention it in your answer.

Sincerely yours,
LOUIS ELSBERG, M.D.

614 FIFTH AVENUE, NEW YORK.

EDITOR OF PHILADELPHIA MEDICAL TIMES:

Permit me to express satisfaction with your timely remarks on "Conservatism of Philadelphia Medicine," and also to call attention to a mistake, somewhat analogous to what you have referred to, in the same number of the *Times* (April 26, page 53). Either the reporter or Dr. O'Hara has there, unintentionally no doubt, done a not unimportant injustice by misquotation. Hemorrhagic sputa are there said to be "a fatal symptom, according to Hartshorne." Supposing the reference to be to my "Essentials," the words therein used (4th edition, p. 166), on the subject of the prognosis of pneumonia, are these: "Among the unfavorable signs, most of which are obvious, are expectoration of pure blood in the first stage, and albuminuria in the second." Not a word occurs like asserting "hemorrhagic sputa" at any stage to be a "fatal symptom." That they are such I do not at all believe; while I must continue to differ from those who think that "expectoration of pure blood" in a case presenting the distinct characters of pneumonia is a "favorable" symptom.

Very respectfully,
HENRY HARTSHORNE.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM APRIL 20 TO MAY 3, 1879.

SURGEONS J. J. WOODWARD, J. S. BILLINGS, and W. H. FORWOOD, and ASSISTANT-SURGEON R. M. O'REILLY were designated to represent the Medical Department of the Army at the annual meeting of the American Medical Association, at Atlanta, on May 6. S. O. 97, A. G. O., April 23, and 99 of April 25, 1879.

STERNBERG, G. M., MAJOR and SURGEON.—Relieved from duty in Department of the Columbia, and to report in person to the Surgeon-General for temporary duty. S. O. 95, A. G. O., April 19, 1879.

GIRARD, J. B., CAPTAIN and ASSISTANT-SURGEON.—Assigned to duty as Post-Surgeon at Fort Davis, Texas, relieving Assistant-Surgeon Woodruff. S. O. 83, Department of Texas, April 21, 1879.

HALL, J. D., CAPTAIN and ASSISTANT-SURGEON.—Assigned to duty at Fort Griffin, Texas, relieving Assistant-Surgeon Powell. S. O. 83, c. s., Department of Texas.

WOODRUFF, E., CAPTAIN and ASSISTANT-SURGEON.—Assigned to duty as Post-Surgeon at Fort Stockton, Texas, relieving Assistant-Surgeon Hall. S. O. 83, c. s., Department of Texas.

BROWN, P. R., FIRST-LIEUTENANT and ASSISTANT-SURGEON.—Relieved from duty at Fort Shaw, and assigned to duty at Fort Bennett, D. T. S. O. 39, Department of Dakota, April 22, 1879.

MERRILL, J. C., FIRST-LIEUTENANT and ASSISTANT-SURGEON.—Assigned to duty at Fort Shaw, M. T., relieving Assistant-Surgeon P. R. Brown. S. O. 39, Department of Dakota, April 22, 1879.

POWELL, J. L., FIRST-LIEUTENANT and ASSISTANT-SURGEON.—When relieved, to report in person at these headquarters for further orders. S. O. 83, c. s., Department of Texas.